

ALCOHOLISM AND YOUTH SPIRITUALITY IN THE ZING DISTRICT OF  
THE UNITED METHODIST CHURCH IN NIGERIA

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Claremont School of Theology

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Ministry

by

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**CLAREMONT**  
SCHOOL OF THEOLOGY

This professional project, completed by  
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has been presented to and accepted by the  
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## ABSTRACT

### Alcoholism and Youth Spirituality in the Zing District of The United Methodist Church in Nigeria

by

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Alcoholism is a deadly disease that has impacted the lives of young people and their families. Many young people have died due to the destructive effects of alcoholism, and many families have experienced dysfunctional family dynamics, bereavements and endless worry due to health problems caused by alcoholism.

This project seeks to examine the pervasive problem of alcoholism among youth of the Zing District of The United Methodist Church in Nigeria. Youth and their families are experiencing difficulty in dealing with the illness of alcoholism. The mortality rate due to alcoholism among youth is very high. Health problems caused by alcoholism, such as cirrhosis of the liver, HIV/AIDS, incest and other forms of domestic violence are increasing daily.

Furthermore, an analysis of the position of the church with regards to alcoholism and its teaching towards the illness shows a lack of effectiveness, because the church emphasizes moralism as its approach to alcoholics and their families. The church views alcoholics as weak persons and sinners; therefore, they are condemned and restricted from being part of the church community.

The purpose of this study is to help direct the reader into three areas: (1) to educate the reader about how the culture itself encourages and promotes alcohol drinking

through socialization. This cultural life style has led many young people into drinking which then leads to alcoholism; (2) to explain how the church has contributed tremendously towards youth alcoholism by using the wrong methods of teaching about alcohol, and failing to provide remedial programs to help young alcoholics; and (3) to seek effective ways of helping young alcoholics and their families through programs of education and awareness for leaders, as well as treatment and recovery for alcoholics, by starting support groups such as Alcoholics Anonymous and Al-Anon.

Both the church and the community need to have healthy youth for future leadership and a better community. Therefore, both church and community have a role to play in making the Zing District a healthy and alcohol-free environment.

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## DEDICATION

I wish to dedicate this work to the memory of my late parents, Mr. and Mrs. Iliya and Joda Khotivoro, and to my father in the Lord and mentor in ministry, late Bishop Done Peter Dabale. May their souls rest in peace. Amen.

## Chapter 1

### Introduction

The history of the church in Nigeria, like other areas in Africa, was shaped during the colonial period. The beliefs and practices that developed in the church reflected attitudes and convictions western missionaries brought from the traditions of their own denominations. The African church is now working toward finding ways to confront its own problems so that the solutions are grounded in the African context. This project provides an approach to one of Nigeria's greatest needs, that of confronting alcoholism in its youth culture.

#### Statement of the Problem

The problem addressed by this project is the destructive influence of alcoholism on the lives and spirituality of youth (between the ages of 13 and 25) in the Zing District of the United Methodist Church Nigeria.

#### The Importance of the Problem

I was born, raised and educated in Zing, Taraba State, Nigeria. I worked for the local government of Zing for ten years before entering the full time pastoral ministry. My first appointment as a pastor was with the Zing district of the United Methodist Church. I served as the principal of the Women's Leadership Center Zing, and from 1999-2003, I was the Treasurer of the United Methodist Church in Nigeria. During this period, I also served as Pastor in-charge of a fifteen hundred (1500) member church in the United Methodist Church Headquarters. I know this context intimately as a pastor, a leader at the conference level, and insider to the Zing community. This project seeks to address a problem that affects the lives of many people in this great community that I love. It seeks

to raise the consciousness of pastors, youth leaders and youth about the destructive influence of alcoholism in their lives and spirituality. The goal of this work is to help the church to articulate the problem and to formulate and implement education programs that are responsible and effective in the Nigerian context.

In 2001, a young man of about 20 years died as a result of alcoholism. He left home in the morning and went to a bar where he continued drinking until midnight. On his way home he had a blackout as he crossed the Zing Bridge. Under the bridge was a river, which unfortunately for him, was flooded due to heavy rainfall that night. As a result, the young man drowned. The next morning his body was found by the side of the river. His death was pathetic, and the funeral was very touching to me because the young man was my friend. This is only one among many tragic ways in which alcohol consumption affects individuals, families and the community. The mortality rate among youth in Zing is very high. If this trend continues in the Zing District, in the next ten years it will take a great toll on the good and healthy, because most of the youth at present suffer greatly due to this growing chronic illness.

Unfortunately, alcohol consumption in the Zing District has been a cultural problem for a long time, and alcohol has become widely available. Consequently, the adverse effects of alcohol consumption on the individual and society as a whole have become prominent. In spite of this, there is no proper management or social services to deal with chronic alcoholism in the Zing district. Alcohol consumption is widely accepted as a vehicle for promoting socialization and celebrations among people, especially, the youth. I grew up in a family in which most of my family members were alcoholics, and eventually I became an alcohol abuser myself. During those times, I did

things that were not helpful to my life, including almost dropping out of school and being very stubborn. Back then, education was not important to me. This indifference to education is reflected in the behavior of many Nigerian youth today.

Living in a society that has no constructive response to alcoholism makes it difficult to confront the dangers and destruction that goes with the effects of the illness. The church is in an advantageous position to help people understand the dangers of alcoholism, because it is the model that the community looks up to and respects. The church is the source of security to all its members; it is a place to run to in times of trouble, and the giver of comfort to those in sorrow and despair. In this respect, the church preaches against alcoholism as a sin without educating people about the effects it has on the individual, the church and the society. The preaching against alcoholism as a sin does not stop the youth from experimenting with alcohol; instead, it encourages them to justify their drinking. They argue that if alcohol consumption is sinful, then why did Jesus turn water into wine, or why did St. Paul instruct Timothy to take a little wine for his stomach? The church does not have an adequate response for these questions. Instead, the church continues to use the approach of the missionaries who condemn those who consume alcohol, treating alcoholism as sinfulness.

In the Zing district of the United Methodist Church Nigeria, young people constitute the majority of about 500, 000 church members. As the future leaders of the church and society, their spirituality, health and well-being are very important both to the church and to society. Therefore, for young people to enjoy a good relationship with themselves, God and others, they must be healthy in body and spirit, and sound in mind. Among the youth of the church, it can be estimated that the majority of them are either

alcoholics or children of alcoholics. Due to this terrible disease that dominates the individual and displaces their concerns and responsibilities, the Zing youth have become destructive to themselves and to others in the church and in society. This illness has inhibited them from enjoying their blessings as humans, and from enjoying their relationship with God and others. Instead of being caring, compassionate and God-loving people, they are easily manipulated to become perpetrators of religious and political violence. They engage in perverse sexual and criminal activity. Due to their alcoholism, many youth have fallen away from their connectedness with their families, the church, the environment and God.

#### Thesis Statement

The purpose of this project is to create a strategic plan for pastors, youth leaders and youths in the Zing district of the United Methodist Church in Nigeria. It is aimed at creating awareness about alcoholism that will incorporate the use of workshops and support groups to educate participants about the dangers and effects of alcoholism on their lives and provide avenues for recovery. The target group for this educational plan is young alcoholics.

#### Work Previously Done in the Field

This project work will be done in the field of alcoholism. I will focus primarily on the work done by Howard Clinebell (1968) Understanding and Counseling the Alcoholics Through Religion and Psychology and Vernon E. Johnson (1990) I'll Quit Tomorrow: A Practical Guide to Alcoholism Treatment. These two authors have great insights on understanding the dangers and effects of alcoholism, because their work gives step by step outline/account of how non-alcoholics understand alcoholics/addicts. Johnson gives

personal stories in every chapter to explain each stage in alcoholism in simple terms, and has great tools for friends and families for better understanding (1) how progressive the illness of alcoholism is, (2) the chronic stage, and (3) the disorder stage.<sup>1</sup> Clinebell stresses the need to recognize and understand the problem of alcoholism and its effects on the life of an individual before offering any help to the person.<sup>2</sup> He says that alcoholism is a human suffering, because it is one of the most disturbing and perturbing issues of the present faced by the church and society. Therefore, pastors and counselors should pay much personal and social attention to the disease. Both authors view alcoholism as a very serious disease that ruins human lives. Though these authors view alcoholism as a disease, James B. Nelson in Thirst: God and the Alcoholic Experience, claims that many alcoholics describe alcoholism as a proven anesthetic for emotional pain.<sup>3</sup>

Also, the Alcoholics Anonymous, in their book popularly known as the Big Book have done a great job in defining ways for rehabilitation for recovery groups. This has been used by many and has been the yardstick for measuring the impact of spirituality in the life of an individual during recovery.<sup>4</sup> Furthermore, Oliver J. Morgan and Merle Jordan, (1999) Addiction and Spirituality: A Multidisciplinary Approach mention how the community of God's people viewed addiction through the moralistic lenses of sin, moral weakness, or personal defect so that persons with alcohol addiction were met with condemnation, guilt and shame. They, however, view addiction from the lenses of

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<sup>1</sup> Vernon E. Johnson, I'll Quit Tomorrow: A Practical Guide to Alcoholism Treatment, rev. ed. (New York: Harper and Row Publisher, 1990), 30.

<sup>2</sup> Howard Clinebell, Understanding and Counseling the Alcoholics through Religion and Psychology rev. ed. (Nashville: Abingdon Press, 1968), 19.

<sup>3</sup> James B. Nelson, Thirst: God and the Alcoholic Experience (Louisville: Westminster John Knox Press, 2004), 40.

<sup>4</sup> Alcoholic Anonymous, The Big Book, 4<sup>th</sup> ed. (New York: Alcoholic Anonymous World Services, 2003), 19.

physiological and psychological factors, which cannot be controlled by the individual.<sup>5</sup>

Charles V. Gerkin (1997) in An Introduction to Pastoral Care, has helped in giving pastors, elders and counselors insight in responding to the needs of people, especially those that have been ignored or rejected by the community because of their alcoholism. Gerkin says pastoral care is a ministry of individual's wholeness, which is a transformation for entire community.<sup>6</sup>

As a pastoral caregiver and counselor, this project is geared toward transformation. In other words, education about alcoholism is very crucial in the lives of youth. Arthur H. Cain (1963) Young People and Drinking stresses the need to educate the youth about alcoholism. Cain views "education as a process for the development of proper attitudes, habits, knowledge, and skill that involves experience of great value now, and to prepare youth for later happiness and success."<sup>7</sup> His work is relevant in terms of motivation for youth education on alcoholism since they will be the leaders of tomorrow.

#### Scope and Limitation of This Project

This work is designed as a project at Claremont School of Theology, in California, USA for the Nigerian context. Due to distance and financial constraints, it will be difficult for me to go to Nigeria for research. I will base my research work by engaging scholars who have done great work in the field of alcoholism and spirituality here in the United States of America. I will undertake certain activities here with a view towards evaluating their relevance and usefulness in Nigeria. This includes making visits

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<sup>5</sup> Harold E. Doweiko, "Substance Use Disorders as a Symptom of a Spiritual Disease," in Addiction and Spirituality: A Multidisciplinary Approach, ed. Oliver J. Morgan and Merle Jordan (St. Louis, MO: Chalice Press, 1999), 48.

<sup>6</sup> Charles V. Gerkin, An Introduction to Pastoral Care (Nashville: Abingdon Press, 1997), 90.

<sup>7</sup> Arthur H. Cain, Young People and Drinking: The Use and Abuse of Beverage Alcohol (New York: John Day Company, 1963), 86.

to Alcoholics Anonymous group in order to be familiar with the group's activities. I will also conduct training workshops with some Nigerian pastors here in Claremont, California to get their feedback and perspective on the project. Although not covered in the time frame of this project, the implementation stage will require several months in the Nigerian context.

#### Procedure for Integration

This project will integrate both theoretical and practical disciplines. In the theoretical part, the field of Pastoral Care will guide the research. Since alcoholism is a disease that affects not only the individual, but the entire community, it is consistent with the task of Pastoral Care, which involves care for individuals and families and the community. Also, issues will be raised, as the disease is understood in terms of divine/human relationships. Spirituality promotes the youth's compassion towards others and motivates more practice and action in what the youth must do to live according to God's purposes. These disciplines will be explored through library research. The library research will guide the methodology which will be designed to educate clergy and youth leaders which they in turn will educate youth, in order to transform the lives of these young people. First, the project will utilize a survey among some pastors here in the United States of America. Second, I will visit the Alcoholics Anonymous and Al-Anon here in USA in order to educate myself about the group. Third, I will design workshop material for local Nigerian clergy, youth leaders and youth. This will provide a model for the large-scale work to be conducted in Nigeria and fourthly, there will be a workshop with Nigerian clergy to test the material.

As a pastor in the United Methodist Church in Nigeria, I intend to use the Zing District Office to invite pastors for an education and awareness workshop on alcoholism over a four-week period, Thursday through Saturday, two hours per day on education and awareness workshop on alcoholism. The purpose of the workshop will be to provide education and awareness that defines alcoholism and its effects on youth, the church and society. In addition, it will emphasize the need to view alcoholism as a disease, an issue that needs prompt attention. Furthermore, the project will discuss the various treatment modalities available in the management of youth with alcohol dependence. This can be done by incorporating the awareness and skills to assist youth suffering the effects of alcoholism. By examining their own ideas and opinions, and by listening to the youth, this process can help by suggesting a plan for addressing the causes of alcoholism and how the church can help in reducing the rampant abuse of alcohol by youth. Also, I will adopt and contextualize the 12 steps of Alcoholics Anonymous and Al-Anon in order to form recovery groups in Zing.

Secondly, I will involve the youth leaders of the Zing district through their pastors for the workshop on alcoholism. In addition to what I mentioned above, I will cover the following areas during the workshop

- Watch two videos, one on the effect of alcoholism on youth and the other on the lives of alcohol-free youth.
- Present an overview of the meaning of alcoholism and alcohol abuse
- Investigate binge drinking of alcohol and why youth feel it is acceptable to binge drink (e.g. social norm, peer group pressure, coping mechanism etc).

- Present an overview of physiological and psychological and spiritual impact of alcoholism
- provide a ritual service in memory of those who died as a result of alcoholism and a healing worship service for alcoholics and their families

After the workshops, I will continue with the Twelve-Steps of Alcoholics Anonymous and Al-Anon for the recovery/support group.

### Outline of the Chapters

Chapter 2 analyzes the general background information about the Zing district and their understanding of alcoholism, especially from the three religious perspectives (indigenous religion, Islam and Christianity). The three religious perspectives about alcoholism in terms of teaching/preaching about the illness. The indigenous religion believes that drinking is a way of life both socially and spiritually. Ironically, since alcohol is very essential during traditional religious rituals, therefore, being an alcoholic is not disgraceful and tends to be promoted. By contrast, in both Christianity and Islam, alcoholism is unacceptable, a sign of spiritual weakness and sinful in the sight of God.

Chapter 3 examines the biblical teachings about alcoholism in both the New Testament and Hebrew Bible. This offers a better understanding of the use of alcoholic beverages and its consequences on those who abuse the substance. It answers most questions youth ask about Jesus' turning of water into wine in the gospel of Matthew.

Chapter 4 addresses the general understanding of alcoholism. It defines alcoholism, its causes and effects on the psychological, physiological and spiritual dimension in the lives of youth alcoholics. In addition, there will be prevention and

treatments programs for those already affected by the illness, that is, a recovery/supportive group (A.A./Al-Anon) for both the alcoholics and their families and preventive education program for those who are not yet affected by the illness.

Chapter 5 deals with educational pieces on training and sensitization. The Zing community has no knowledge about the destructive effects of alcohol or of alcoholism as a disease. To the Zing community, alcohol drinking is a way of socialization among both adults and youth. Therefore, in order to raise their consciousness about the disease, education and training is needed.

Furthermore, the design of a curriculum presented serves as a guide for training pastors and youth leaders. Training the pastors and youth leaders first offers an effective means of reaching out to both the youth and their families. Its facilitates awareness and more acceptable to the community, because pastors are highly respected by the community in Zing. The narratives of the AA and Al-Anon visit and workshops give more perspectives on the views and responses from the Nigerian pastors who are living in the United States.

Chapter 6 presents the summary and conclusions, which in retrospect is a reflection on all the findings.

## Chapter 2

### Background Information: The Mumuye People of Zing District

As already stated, this project is committed to the problem of alcohol consumption among the people of the Zing District of the United Methodist Church (Nigeria). In order to do this, it is necessary to first understand the cultural and religious setting in which this undertaking will be carried out. While alcoholism is widespread in all of Nigeria, certain factors in the Zing community have contributed to the abuse of alcohol, particularly among the youth of Zing.

#### General Statement

Zing is a name given by the indigenous people, in the local language meaning "Lion," a symbol of "Strength." Zing is one of the Sixteen Local Government Areas of Taraba State, Nigeria, and one of the Forty-four districts of the Nigeria Annual Conference of the United Methodist Church. Zing has a population of about 219,300, and was established in 1976.<sup>1</sup> The main ethnic group is the Mumuye, which according to oral history, migrated from Egypt. The Mumuye people comprise 85% of the total population of the district. Other ethnic groups include the Yandang, Fulanis and Hausas. Poverty is widespread. The major occupations of the inhabitants of Zing are primarily agriculture and hunting. Their primary crops are maize, rice, sorghum, millet, cassava, and yam. In addition, cattle, sheep and goats are reared in large numbers. Similarly, the people undertake other livestock production activities such as poultry production, rabbit breeding and pig farming in a fairly large scale for commercial purposes. The most

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<sup>1</sup> Nigeria, Taraba State, "Nigeria: Report of Rapid Assessment in Selected LGAs" [article online], accessed 20 Sept. 2007; available from <http://www.fhi.org/NR/rdonlyres/e7nch3cbhfxkqnq63wp4fqzt4gs3>.

important celebrations that bring the entire community together regardless of religious faith and beliefs, is the annual the yam and “Bele”, meaning “hunting” festival. At these festivities, two men wearing ceremonial costumes dance opposite each other. Their outfits include straw hats with feathers, wooden masks with trails of grass or horses’ tails, horns, and long leather shields to cover their bodies. The food served during this festival is mainly the locally brewed beer and roasted or cooked goats’ meat.

### Social Practices

Zing is a patriarchal society. It is a structure of social relationships, which enables men to dominate women. Zing men do not participate in domestic work including child rearing, as such, tasks are considered to be the exclusive domain of women. In this context, men are classed as having the following qualities: strength, vigor, powerful courage, self-confidence and the ability to meet outside-world challenges. These qualities are reflected in the kinds of work they engage in. So, being head of the family, they are responsible for providing for the family, while women oversee the domestic chores. Women maintain the home, process and cook all foods, and help in the planting and harvesting of food and cash crops. In addition, it is their primary responsibility to give birth and bring up children from birth until they are old enough to take care of themselves, that is, until they become teenagers. During child rearing, men get involved in the life of a child by being called upon to assist when extraordinary discipline is considered necessary, especially for the boys. The Zing men control the productive resources, labor force, and reproductive capacities in the family based on the notions of superiority and inferiority. In order to maintain their superiority, most of the Zing men do not spend time with their family, but in drinking places like bars and taverns. They

claim that the home is meant for women and children. They come home only late at night in often a drunken state, with no concern about the well-being of wife and children.

Usually, these families do not have a good family life, but they are always chastising the children, with fighting and quarreling between the husband and wife.

Mothers, as mentioned earlier, are responsible for teaching children, but fathers show boys how to be men. Therefore, boys are excused from performing female tasks around the house. The boys only engage in shepherding flocks, hunting and farming. The family dynamic that affects gender role within the family, is expressed by fighting, shouting, yelling and quarrels between parents, which sometimes ends in divorce or polygamy, negatively impacting the lives of children. Parental care has much to do with the children's emotional, psychological and physiological development. Psychologically, boys in Zing, if they do not possess the type of qualities that the community requires, are classed as lazy and weak, and they can even be described as a woman. The way women are dehumanized by the community means that young boys do not want be described as women, because women are regarded as having no capacity to do anything of importance.

In the same vein, what makes a girl great and respected is her handwork, humility and obedience to all. If a girl does not possess these qualities, she will be cursed and rejected by the family members and the community, with the threat that she will never find a husband. This pronouncement and treatment brings isolation and frustration, and will create emptiness in the girl's life. In addition, the family system encourages physical punishment. Harsh scolding, spanking or threats are a cultural norm within the Zing family. As a result, children see themselves as slaves, and not legitimate children. Their parents are accepted as bosses. In most homes, most children are in a state of fear with

and around their parents, because they do not know what discipline they will receive at any time they make a mistake. Poverty is another reality in the family that is very threatening to children's lives. Due to poverty, the majority of children find it difficult to get their basic needs as normal children.

Positively, the Zing system is quite instructive in the sense that the family, both as a unit and a construct, holds a significant place in all human situations and endeavors. It is a basic and first agent of socialization. Its influence in the shaping of life and destinies is quite primal. The most important role of the family in this context is to transmit its core beliefs, values, norms and ideology to the children. Zing family relationships are largely exclusive and extensive. Extended family in the Zing community spreads both horizontally and vertically, covering parents, grandparents, great-grand parents, uncles, aunties, nieces and nephews and their children. This family system offers some benefits to the family members. The benefits range from provision of financial help, giving guidance and support, and offering psychological support where necessary. As a result, the influence of the family on the individual in this context is a very major factor in the psychological make-up of people, especially the youth. In Zing, everyone is either a father, mother, brother, sister or child. Thus, the Zing person does not only have an extended family, but an extensive primary family. The Zing family context as described here is very different from the Western Family System, where the major emphasis is on the individual who is expected to be independent, confident and self-sufficient. The individual in the Zing family setting is expected to be obedient, in conformity and loyal to the family. These aspects are extremely important.

Unfortunately, within the Zing family system, child welfare and concern is secondary to parents because they claim that children have no idea or feeling as to what they want. Whether their problems are being cared for or not, children accept whatever happens. It is generally assumed that children need affection, belonging, achievement, social recognition, independence and self-esteem; but most Zing children do not enjoy such values. The family forms the most important aspect of children's mental development. If the core orientation is missing, there is going to a huge problem in the child's understanding of self and choices in life.

#### Religious Beliefs

The Zing people operate with straightforward cultural modes and prescriptions, which are more often unwritten, but nonetheless effective. Taboos for example, have a strong effect on thinking patterns of individuals. Certain behavior modes are often prescribed or proscribed by the culture. Among the Zing community, for example, it is rude to look at an older person in the eye during conversation. One finds that the younger person during the conversation usually has eyes diverted. On the contrary, in America, not maintaining eye contact during conversation may be interpreted to mean having something to hide, or having a low self-esteem. Furthermore, it is taboo for a teenager to see an elderly person working, holding or carrying load without helping. Young people are not allowed to participate or interrupt when adults are conversing, or talk back to an elder when receiving instructions. All this is due to the fact that respect for elders is highly encouraged and obligatory to all within the community. Therefore, avoiding eye contact, helping an elder or adult, keeping silence when an adult is speaking and not sitting among elders is a sign of respect.

### Indigenous Religion

The Zing indigenous religionists believe in a variety of gods and spirits. In Mumuye, the indigenous language, “Kpanti La” meaning “God” is viewed as the Supreme Being who is ever present. As Ninian Smart asserts in The Religious Experience, “God is seen as creator, and even though he may be figured as being distant, many African religions see him also as near.”<sup>2</sup> This is how Zing traditionalists view their God. All worship activities are done in shrines. Therefore, each village in Zing has a shrine where the images of these gods are kept, and sacrifices are regularly made to appease them. Also, the skulls of the ancestors, which are kept by the clan elder in these shrines, are also worshipped. Furthermore, these traditionalists belong to various cults dealing with ancestry, and unseen powers. All are alcoholics. They claim to feel better under the influence. During cultic rituals, ceremonial horns and masks are worn, and special dances are performed at the shrines. Traditionalists in this context do not believe in life after death. However, most of them believe that good people can be re-incarnated after being dead for two years, but the wicked people according to them have no future lives.

### Islam

In Zing, the Hausas and Fulanis are immigrants who came during the colonial period. They came as petty traders and still they are. According to Peter Marubitoba Dong in The History of the United Methodist Church in Nigeria, “The few Hausa-Fulani people, who are Muslims, were found in the trade centers and townships.”<sup>3</sup> They constitute about 10% of the population. Though they are just a handful in the Zing

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<sup>2</sup> Ninian Smart, The Religious Experience, 5<sup>th</sup> ed. (Upper Saddle River, NJ: Prentice-Hall, 1996), 39.

<sup>3</sup> Peter Marubitoba Dong et al., The History of The United Methodist Church in Nigeria (Nashville: Abingdon Press, 2000), 18.

community, yet they are able to get control over key leadership positions, and are able to convert some indigenes into Islamic faith. As a result, the leadership of the entire town is in their hands, the chief of Zing being the primary example. Muslims in the Zing community like any other Muslims are united by their common Islamic faith, and believe in one, unique, incomparable God, (Allah) the creator of the entire universe. Also, Allah is the creator of angels and prophets through whom His revelations were brought to mankind. They also believe in Allah's complete authority over human destiny and in life after death.

Even though, there are just a handful of Muslims within the Zing community, mosques can be seen in most corners of Zing town. The biggest mosque is built in the heart of the town, in front of the chief of Zing's palace, who is a Muslim. In this community, prayer, known as *salat*, is obligatory to all Muslims. This prayer is performed five times a day; it is claimed to be a direct link between the worshipper and Allah. There is a claim by the Muslims in Zing that there is no hierarchical authority, and no priests in Islam, so a learned person who knows the Quran, chosen by the congregation leads the prayers. These prayers contain verses from the Quran, and are spoken in Arabic, the language of the Revelation, but personal supplication can be offered in one's own language. The invitation for prayers is spoken in a loud voice. Sometimes loudspeakers are used so that every Muslim in Zing will hear. This invitation is repeated during prayer times at noon, mid-afternoon, sunset and nightfall, at midnight and very early in the morning. It is obligatory for all Muslims in Zing to worship or pray together in a mosque on Fridays, women included, but other days, they may pray anywhere they find themselves.

The Zing Muslims view sin as anything done against the will of Allah. Also, they claim that Allah is angered by sin, and the punishment is hell fire. Allah is also very merciful and forgiving, and forgives those who repent and serve Him. The major sins as held by Muslims in this context that are punishable by Allah are hypocrisy, arrogance, lying, alcoholism and backbiting. The worst of these sins is *Shirk*, that is, honoring anything that represents Allah (adulatory).

Muslim women wear long veils, and the majority of them are illiterate. The minority literates are Arabic teachers in most primary schools in Zing. Like any other family, their family system is patriarchal. Men control the family and make decisions for the family, and whatever a man says is final, including marriages for the children. Many times, the father makes the choices to whom their children will marry. Girls' hands are given in marriage at the very early age of about 10-11 years. The age gap between the bride and the husband is usually very wide. For example, a fifty-year-old man can marry a girl of 11 years. They claim that this type of marriage is according to the Islamic tradition; even if it is against the girl's will.

The boys in this context are encouraged to attend Qur'anic School in a distant place in search of in-depth Qur'anic understanding from a well-learned Qur'anic (mallam), teacher. Acquiring formal education is like adopting the western culture, which to them is not encouraged. These children are at the mercy of the Qur'anic teacher, who has the responsibility of feeding and clothing all of them. One can imagine a Qur'anic teacher having to care for 40-50 children. In the Zing community, many children end up becoming street children, violent and going from one house to another begging for food, when their parents are capable of providing for them. As Mutiu Okediran found a

similar incident during his National Youth Service Corp (NYSC) in Sokoto State Nigeria. He writes in his article, “I’ve walked through..., and I discovered that some of these children, called *almajiris*, sleep wherever they are, because they are in Arabic school. Their teacher left them to fend for themselves and their parents are no where to be found.”<sup>4</sup> These children have no hope of experiencing love, no understanding of ethical values both within family and the society. They are rejected, isolated and abandoned by their parents.

### Christianity

Christianity came to Zing in 1923 by the early missionaries, who believe God sent them to take the good news to Africa. Among these missionaries are Karl Kumm a German missionary, and C. W. Guinter, a U.S. missionary who started the gospel work in the Division of Muri, Zing inclusive. The denomination in Zing then was the Evangelical United Brethren, prior to United Methodist Church Nigeria. In 1978, the church became an autonomous body under the United Methodist Church.<sup>5</sup> So, the Evangelical United Brethren became the present United Methodist Church in Nigeria. There are other denominations in Zing: Catholics, Lutherans, and Pentecostals. The majority of the Zing population is Christian. The main emphasis of this project will be on the United Methodist Church in Nigeria.

The United Methodist Church Zing District in Nigeria received all its teachings from the early missionaries who brought the gospel of the good news to them, because the people were illiterate, education of the converts was what has helped Christianity to

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<sup>4</sup> Mutiu Okediran, “The State of the Nigerian Child,” (Part One), 13 Sept. 2005; [article online]; accessed 6 Jun. 2007; available from <http://ar.takingitglobal.org/express/panorama/article.html?ContentID=6208>.

<sup>5</sup> Dong, 71.

have an impact and to penetrate in Zing. To the Zing people, formal education is meant for lazy people, who do not want to work hard in the field. The missionaries' teaching to the people was to believe in the authenticity and the authority of the Bible as the inspired word of God without error. The Bible is the criterion for Christian doctrine, and it contains all that is necessary for salvation. As a result, missionaries interpreted the content of the Bible literally to the Zing people, which became a legacy for the church to this day.

As taught by the missionaries, Zing Christians believe in the inheritance of the original sin. As a result, all people have gone far from the original righteousness. In addition, they confess that the death of Jesus Christ on the cross is a price paid for the sin of all humankind, and it is God's desire for all to be saved and come to the knowledge of the truth. Therefore, salvation to them is by means of grace through faith, apart from human effort; they place much emphasis on the human cooperation in salvation. To the Zing people, full salvation involves not only justification by faith, but repentance and holy living as well. The central focus has always been holy living and striving for perfection. They believe and claim God's prevenient grace as free will given to all humanity, that is, to accept Jesus as their personal Lord and Savior or to reject Him. Being righteous and holy earns extra credits and helps maintain a good relationship with God.

The Zing Christians claim that God has established ordinary means of grace, which are public worship of God, the ministry of the word, the Lord's Supper, family and private prayer, fasting and abstinence. Through these, God gives justifying and sanctifying grace to those who believe. As a result, the church in Zing teaches

“Moralism” which according to Howard J. Clinebell, Jr. in The Mental Health Ministry of the Church, is “concerned with controlling the surface behavior” of an individual’s sin. Thus, this type of teaching does not allow inner spiritual growth, especially in terms of interpersonal relationships with others, self and God.<sup>6</sup> The church encourages the congregation just to have faith in Jesus, do what Jesus says one should do, and live a righteous life. One’s unknown sins will be forgiven, but willful sin will not be forgiven, until confessed in public. Furthermore, the church teaches that there are two sacraments: Baptism and the Lord’s Supper. The first sacrament is in the name of the triune God, which is the ordinary way that a person is brought to the faith in Jesus Christ. The church prefers baptism by immersion, because there many are rivers around the town where the congregation can go and watch the new converts being baptized. This is very important for both the new converts and the entire congregation. After the baptism comes the invitation to the table of the Lord’s Supper. The United Methodist Church in Zing practices a relatively open communion. Everyone is welcome except those with multiple wives, alcoholics, unbaptized members and children. The church claims that the Lord’s Supper is for those who receive in faith, and for the strengthening of faith, yet there are restrictions for others. The church as righteous has already condemned those with multiple wives and alcoholics as sinners, and therefore they do not deserve the Lord’s Supper. Similarly, the unbaptized members and children do not qualify to receive communion, until they are baptized.

The family system within the Christendom is patriarchal. The missionaries taught that it was obligatory for all Christians to be monogamous, instead of the traditional

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<sup>6</sup> Howard J. Clinebell, Jr., The Mental Health Ministry of the Local Church (Nashville: Abingdon Press, 1972), 35.

polygamous family system. In the beginning, the missionaries had problems with polygamous converts, because prior to their conversion to Christianity most of them had multiple wives with children; but after years of teaching about what they saw as God's commandment for men to have one wife, monogamy became acceptable by Zing Members. This became a tradition within the church and is practiced to this day. Women among the Christian community are regarded as weaker vessels with no capacity to teach or lead in the church, and they are supposed to learn in silence from their husbands, and be in total submission. During worship, women and men have separate seating sections, because the church claims that dividing the sexes in seating shows superiority between men and women. It also indicates the responsibility of women in caring for the children so they do not disturb others during worship. However, now quite a few young people are beginning to ignore the rule by sitting anywhere they want to.

Though the United Methodist Church was the first to start ordaining women in Nigeria, women are handicapped by a strong cultural pattern of male dominance, which often results in unfair treatment of women by men within the Christian community. On the one hand, children as claimed by Zing Christians, are special gifts from God, need to be cared for and loved. On the other hand, these children, like women, are not regarded as full human beings. Therefore, very often their needs are not regarded as important. Their welfare is not a priority by many families. Physical punishment by spanking, yelling and grasping of children is encouraged both by church and society. When it comes to child discipline, the church uses the passages in Proverbs 22: 6, "Train a child in the way he should go, and when he is old he will not turn from it."; and Proverbs. 23:13-14, "Do not withhold discipline from a child; if you punish him with rod, he will not die. Punish him

with rod and save his soul from death" (N IV). These texts are used as supporting commands from God for parent to discipline children severely in order to save their children from waywardness. Expressing love to a child in this context is encouraging weakness in the child's life. Without bravery and endurance when in pain, the child will not be able to face outside challenges, and will always depend on parents for security. Therefore, whatever happens to children, whether pain or anxiety, they are encouraged to internalize it as sign of bravery. Little did the parents know that this is very destructive to their emotions. As Clinebell asserts, children who grow up in an authoritarian religious system are often crippled by them, because such a system can be self-perpetuating due to lack of encouraging God-given inner freedom. Also, as children internalize the values and taboos of their culture, they screen them through the lenses of praise-blame, reward-punishment system of parents.<sup>8</sup> Due to fear, children in this context have trouble making choices that will be helpful for them because they lack parental care and a support system to show them the right thing to do, since being silent and enduring whatever situation may come is the norm for children. As result, most of these children, as they become teenagers, end up being alcoholics and drug users. They grow up with low self-esteem, insecurity, shame and guilt. In order to enhance their self-esteem and freedom, most often these teenagers need alcohol or other drugs to get the courage to face adulthood.

This background information shows how it is the church's, the parents' and the entire community's responsibility to recognize issues that lead to the abuse of alcohol. The problems arising from these cultural issues leading to alcoholism among youth will be dealt with in the following chapter.

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<sup>8</sup> Clinebell, Mental Health Ministry, 33-34.

## Chapter 3

### Perspectives on Alcoholism in the Zing District

The making and drinking of alcoholic beverages is deeply rooted in the culture of the Mumuye people of Zing District. When the missionaries came this was a big issue, because drinking was in conflict with their teaching. The churches in Nigeria, including the United Methodist Church, take the Bible very seriously. Not only did the missionaries bring a conservative view of the Bible and a literal teaching of the scriptures, the Nigerian mind believes that the written word must be taken very seriously. Therefore, what the Bible says about alcohol and the use of alcohol is very important.

#### Indigenous Views about Alcoholism

Throughout history of the Zing District, inhabitants have engaged in the drinking of alcohol. The adverse effects of alcohol on both the individual abuser and society have become prominent. In spite of this, much needed knowledge about and management of chronic alcoholism is almost nil in the Zing environment. Alcohol abuse causes massive damage to the Zing people, especially the youth. It is breaking up families and destroying positive traditional African family values. Every day thousands of Africans become infected as a result of unsafe sex due to alcohol consumption, to say nothing of the thousands of people killed by traffic accidents caused by drunk drivers. Sadly, women and children are being brutalized by drunken husbands and fathers.

In the Zing community, alcohol has always been used as a pacifier, a reward, or a motivator to perform unpleasant tasks. Heavy drinking is a means of overcoming feelings of social and economic frustration, hopelessness, and discrimination among

friends. When an individual's condition does not improve, chronic drinkers do not demonstrate an interest to improve, but rather blame these conditions for their drinking. Members of the Zing community have varying alcohol consumption patterns: some are group drinkers, drinking with friends and family as opposed to drinking in isolation; drinking more frequently and heavily on weekends. Alcohol consumption is highest among the poor. A locally home-brewed potent alcohol drink called *burukutu* is made in certain areas of the town. *Burukutu* is inexpensive and readily available for everyone.

The poorer people normally start with the traditional alcoholic beverages, then eventually, as they get more money, move to the commercially bottled clear beer and stronger alcoholic drinks. The drinking of *burukutu* has a social function. It is a pulpy looking alcoholic drink, served in a brown calabash vessel which typically is passed around to others in a group who share it. This type of drink is widely regarded as a lower class beverage. In rural areas of Zing, fermented beverages are commonly prepared at home by women from locally grown grains. Traditionally, these homemade beers are produced for use during special cultural events such as weddings, funerals, community farming and spirit-appeasing ceremonies. These homemade beers are not only used in traditional ceremonies, but they are sold to the public as part of regular social gatherings. Traditional fermented beverages produced at the household level in Zing are made from corn, sorghum or millet malt.

To the Zing community, alcohol consumption serves to reduce pain and personal conflict. Due to poverty and lack of opportunity, people in this community live difficult lives with much distress, including hunger. Alcohol is seen as a way to reduce stress and relieve depression. The consensus of the community is that getting drunk can ease

physical and emotional pain. In addition, alcohol has always been used for celebrating the cycle of life, so that falling into alcoholism is accepted as a risk that goes with the culture, rather than thinking of it as a disease. Alcohol is often served at graduation parties, and naming ceremonies, and in places such as taverns where people go to congregate with others. In addition, youth in the Zing community claim that alcohol instills a sense of social confidence, and promotes relaxation in the company of others. This occurs because of alcohol's disinhibition effects. There is no doubt that loneliness can serve as an incentive for alcohol use and abuse.<sup>1</sup>

The people of Zing have never thought of alcohol abuse as a disease. The adults, youth and the families involved do not understand how the habitual use of alcohol progresses until the illness reaches the chronic stage, which often leads to premature death. People ask questions about alcohol when terrible things happen such as death by motor accidents. As Johnson claims, "why don't they see what is happening to them? They can't, and what is worse, many of those immediately around them can't either. That is, they cannot really see what is happening, either to these alcoholics or to themselves, as the disease progresses."<sup>2</sup> For example, my father became alcoholic at a very early age in his life like any other young person of today. Zing people find themselves in situations where alcohol is present and they often lack self-confidence or the refusal skills to handle the pressures of such situations, because of the cultural access to the beverage. My father viewed drinking as a normal way of life within the community. As his alcoholism progressed my father started staying late in the bar, and sometimes his friends would

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<sup>1</sup> Johnson, 46.

<sup>2</sup> Johnson, 27.

bring him home, because he passed out while in the bar. Unfortunately, because neither the community nor the family members knew the dangers of alcoholism, he was left in that condition without help until finally he died. Prior to my father's death, he was totally disconnected with reality. Unfortunately, no one among the family members knew about destructive effects of alcoholism on the individual. The Zing people, like my family, do not have any knowledge about the destructive and dangerous toll that alcoholism takes on their lives, leading to a very high mortality rate among the youth

#### Traditional Biblical Teaching on Alcoholism

As mentioned in the previous chapter, the missionaries taught the people to believe in the authenticity and the authority of the Bible as the inspired word of God without error. The Bible as the criterion for Christian doctrine, contains all that is necessary for salvation and is to be interpreted in a literal way. Also, the Bible is the basis for belief that full salvation involves not only justification by faith, but repentance and holy living as well. In fact, a central focus of Wesleyan theology has always been holy living and the striving for perfection. This striving for righteousness and holy living earns extra credits and helps maintain good relationship with God. Zing Christians believe that God has established both private and corporate means of grace, among which is the public worship of God, the ministry of the word, the Lord's Supper, family and private prayer, fasting and abstinence. Therefore, taking a part in these activities means achieving holiness, while not participating is waywardness and brings sin both to the Christian fellowship and before God.

As a result, the church's emphasis on 'Moralism', which Clinebell sees as the concern and control of an individual's behavior as it relates to sin. Thus, this type of

teaching does not activate inner spiritual growth, especially, in terms of interpersonal relationships with others, self and God.<sup>3</sup> The Zing congregation depends on the clergy's instruction, because they view clergy as mediators between God and humankind. Therefore, the preaching often is condemnatory, and creates inappropriate guilt in the minds of the congregants. The Church in Zing regards sin as disobedience, selfishness, pride sensuality, promiscuous behavior, drunkenness, gossip cruelty, and the like. The church does not view sin as Nelson does, where he sees sin as a relational brokeness and separation from everything meaningful. For example, being an alcoholic is alienation from self, others, environment and God.<sup>4</sup> But as Clinebell says, sin is alienation from God, which results in individuals making themselves the center of the universe, because alcohol has taken control.<sup>5</sup> Since Moralism is what the church is concerned about, the church maintains that a drinker cannot occupy any leadership position in the church, and is not allowed to partake in the Lord's Supper, because alcoholics are sinners and are disqualified from acceptance in the church community. The church claims that the Lord's Supper is for those who receive it in faith, and for the strengthening of faith, yet there are restrictions for others.

Here the Zing church as a human community is not faithfully representing Christ who included everybody into his death and Resurrection. Grace is an unmerited gift to all and not only to the righteous as the Zing church claims. That is why Joseph C. Hough and John Cobb in Christian Identity and Theological Education, in order to correct this notion, assert that, "the church as a human community means that members of the church

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<sup>3</sup> Clinebell, Mental Health Ministry, 35.

<sup>4</sup> Nelson, 67.

<sup>5</sup> Clinebell, Understanding and Counseling the Alcoholic, 171.

are bound together in ways that transcends their own autonomy. They are united with one another without violating their individuality.<sup>6</sup> Therefore, as a church, all are welcome and equally respected regardless of their life situation.

The scriptures speak about drinking as mentioned in the following passages: In I Peter 4:3, the apostle Peter describes drunkenness as a pagan practice. "For you have spent enough time in the past doing what pagans choose to do - living in debauchery, lust, drunkenness, orgies, carousing and detestable idolatry." Also, Isaiah 5:27 says, "Woe to those who are heroes at drinking wine and champions at mixing drinks." The Lord Almighty knows who are guilty of drunkenness and condemns them. Furthermore, the Book of Isaiah 5:11 asks, who are the drunkards? They are the ones who spend a lot of time with wine. "Woe to those who rise early in the morning to run after their drinks, who stay up late at night till they are inflamed with wine." According to the church, God gave this warning to those who will not inherit the kingdom of heaven, and alcoholics are among them. "The acts of the sinful nature are obvious: sexual immorality, impurity and debauchery; idolatry and witchcraft; hatred, discord, jealousy, fits of rage, selfish ambition, dissensions, factions and envy; drunkenness, orgies and the like" (Gal. 5: 19-21). In addition, the church teaches that alcoholism leads to other sins. In Ephesians 5:18 "Do not get drunk on wine, which leads to debauchery. Instead be filled with the Spirit." Alcoholism also leads to trouble. "Wine is a mocker and beer a brawler; whoever is led astray by them is not wise" (Prov. 20:1). Likewise, Proverbs 23:29-35 describes how terrible and destructive alcoholism is to individuals:

Who has woe? Who has sorrow? Who has strife? Who has complaints? Who has needless bruises? Who has bloodshot eyes?

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<sup>6</sup> Joseph C. Hough and John Cobb, Christian Identity and Theological Education (Chico CA: Scholars Press, 1985), 50.

Those who linger over wine, who go to sample bowls of mixed wine. Do not gaze at a wine when it is red, when it sparkles in the cup, when it goes down smoothly! In the end it bites like a snake and poisons like a viper. Your eyes will see strange sights and your mind imagine confusing things. You will be like one sleeping on the high seas, lying on top of the rigging. They hit me, you will say, but I am not hurt! They beat me, but I don't feel it! When will I wake up so I can find another drink?

In conjunction with this passage is the claim that alcoholism leads to deeper poverty. "Listen my son and be wise, and keep your heart on the right path. Do not join those who drink too much wine or gorge themselves on meat, for drunkards and gluttons become poor, and drowsiness clothes them in rags" (Prov. 23:19-21). Alcoholism leads to eternal punishment. "Do you not know that the wicked will not inherit the kingdom of God. Do not be deceived: Neither the sexually immoral nor idolaters nor adulterers nor male prostitutes nor homosexual offenders nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God" (I Cor. 6:9-10).

As a result of these teachings about consuming alcoholic drinks, alcoholics prefer to stay home or spend time in local drinking places on Sundays, especially the young people. After all, as Clinebell says, there is no uplifting numinous, feeling of acceptance or energizing the totality of one's life in the church, rather, there is nothing other than constant damnation<sup>7</sup>. Alcoholics in the United Methodist Church Zing face extreme rejection, and are viewed by both clergy and members as the worst of sinners, because when it comes to self-control they lack the willpower to gain control over the domination of alcohol. The entire Zing church's judgments about alcoholics are based on a moralistic attitude and ignorance of the disease. Their teaching and preaching is claimed to be

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<sup>7</sup> Clinebell, Mental Health Ministry, 38.

intensely biblical, that is, they claim to be God's people, to be a holy nation. They use the language of a special peoplehood, of being a pilgrim people, strangers and aliens in the territory in which they find themselves, citizens of the reign of God. As a corrective of this idea, Richard Niebuhr in The Purpose of the Church and Its Ministry correctly says that, the church is not the reign of God, but points to the reign of God. It is a preview of the reign of God.<sup>9</sup> The church should demonstrate its own life together with the transforming and healing power of God's new community.

In addition, Paul symbolically characterized the Church of God as a mother (Gal. 4:26). In Revelation 19:7, the Church is seen as the engaged bride of Christ. Clearly, God, through His merciful, loving instructions, has provided His children with a nurturing environment through the Church. Therefore, as Hough and Cobb contend, "God's creative-redemptive activity in the church is experienced as the forgiveness of the past and the transformation of the present by the power of love."<sup>10</sup> In light of the church's purpose, alcoholics should not be condemned or marginalized by the church, because they are equally loved by Jesus Christ who died for them equally with all others.

#### Further Insights from Biblical Texts on Alcoholism

Scholars like Howard Clinebell, who was a professor of pastoral psychology and counseling at Claremont School of Theology, and Vernon E. Johnson, a well known consultant on effective treatment of alcoholism, and Margaret A. Fuad, an educator on the prevention and treatment of alcoholism and alcohol abuse, among others, are in complete agreement. They leave no doubt that alcoholism encircles and controls an

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<sup>9</sup> H. Richard Niebuhr, The Purpose of the Church and Its Ministry: Reflections on the Aims of Theological Education (New York: Harper & Row, Publishers, 1956), 19

<sup>10</sup> Hough and Cobb, 68

individual in pervasive ways. Alcoholism inevitably leads to a life style of self-centeredness and rationalizations that result in a lonely and painful life. In a nutshell, they agree that alcoholism is a disease, and like any disease, is very destructive to the individual's wholeness. In contrast to understanding alcoholism as a disease, shallow moralist Christians claim that alcoholism is a sin and sin alone. To see this issue from both scholarly and Christian fundamentalist perspectives, we shall look further into the biblical perspectives on the use and abuse of alcohol.

There is a great deal of debate about biblical statements concerning the use of alcohol. Some claim that alcohol pulls people away from a relationship with God, while others say that alcohol in itself is not sinful; after all, Jesus turned water into wine. They rather believe that the excessiveness of alcohol in one's system is what makes it sinful. Also, others argue that the wine referred to in the Bible is not real wine, but unfermented grape juice. Those who make this claim do so because they don't want to make the biblical story "unholy." The use of alcohol in the Bible is not strange, rather, it is familiar due to the way most cultures use alcohol, especially the Zing culture.<sup>11</sup> References to wine and strong drink are frequently used by the writers of the Hebrew Bible, and are mentioned in both positive and negative ways.<sup>12</sup> In Hebrew, the word for wine is *yayin* and in Greek, *oinos* referring to fermented beverages or juice, prepared from grape. Also, *sheka* by its root denotes intoxicating drink or liquor.<sup>13</sup> Both are used in the Hebrew Bible and the New Testament. Wine, when mixed with water, is alleviating,

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<sup>11</sup> Margaret A. Fuad, Alcohol and the Church: Developing an Effective Ministry (Pasadena, CA: Hope Publishing House, 1992), 54.

<sup>12</sup> Fuad, 47.

<sup>13</sup> A. R. S. Kenedy, "Wine and Strong Drink," in Dictionary of The Bible, Complete in One Volume, ed. James Hastings (New York: Charles Scribner's Sons, 1920), 973

pleasant and an excitement to the soul when in sorrow. For example, Proverbs 31: 6 says, “Give beer to those who are perishing, wine to those who are in anguish; let them drink and forget their poverty and remember their misery no more” (NIV). In addition, Matthew. 27: 34 Jesus was offered wine mixed with myrrh, and gall, as an act of mercy by the Roman soldiers to help deaden his pain.<sup>14</sup> Also, wine is not only given for pleasure, but for gift (I Sam. 25: 18), for trade (2 Chron. 2: 8-10), tithes (Deut. 18:4, Ex. 22:29), for medicine to revive and as remedy for various ailments (2 Sam. 16:2, 1 Tim. 5: 23), and antiseptic for wounds (Luke 10:34).<sup>15</sup> Wine, due to its reddish color, (Gen. 29: 11; Deut. 32:14) is referred to as the Blood of grapes. That is why in Matthew 26:27-28 and 1 Corinthians 11:25, Jesus uses it as a symbol of the blood of New Covenant, when he gave his disciples the Cup during the Last Supper.<sup>16</sup>

In the Hebrew Bible, despite the gracious aspect of alcohol or wine in the everyday lives of the people, there is another side that is very disgraceful, dangerous and sorrowful to the lives of people when abused and misused. Therefore, people are encouraged and warned to use wine in a measured ways, not in excess.<sup>17</sup> For example, a righteous man, Noah in Gen. 9: 21, “And he drank of the wine and was drunk; and he was uncovered within his tent.” The message drawn from this passage is that drunkenness leads to trouble. Noah, a noble man, got drunk and disgraced himself by passing out, becoming naked and being discovered by his son.<sup>18</sup> Also, excessive wine was what killed

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<sup>14</sup> Louis F. Hartman, and A. Drubbel, “Wine,” in Encyclopedic Dictionary of the Bible: A Translation and Adaptation of A. Van den Born’s Bijbel Woordenboek, 2<sup>nd</sup> rev. ed., 1954 - 1957 (New York: McGraw-Hill Book Company, 1963), 2581.

<sup>15</sup> J. F. Ross, “Wine,” in The Interpreter’s Dictionary of the Bible, ed. George A. Buttrick, vol. 4. (New York: Abingdon Press, 1962), 851.

<sup>16</sup> Ross, 849.

<sup>17</sup> Hartman and Drubbel, 2581.

<sup>18</sup> Fuad, 48.

Nabal in 1 Samuel 25:36-37: "And Abigail came to Nabal; and, behold, he held a feast in his house, like the feast of a king; and Nabal's heart *was* merry within him, for he *was* very drunken... until the morning light. But it came to pass in the morning, when the wine was gone out of Nabal..., that his heart died within him, and he became *as a stone*" (KJV). Furthermore, the drunkards of Ephraim were overcome, knocked down, with *yayin* in Isaiah. 28:1: "Woe to that wreath, the pride of Ephraim's drunkards... to the city, the pride of those laid low by wine" in addition, when under the influence of wine, people can be manipulated. For example, Lot's daughters made Lot intentionally drunk for their own purposes. Once again, a lesson which speaks against wine consumption to the point of drunkenness is recorded in Genesis. 19:32: "Come, let us make our father drink wine, and we will lie with him, that we may preserve the seed of our father." Also, wine is not for leaders, kings and priests. As mentioned in Proverbs. 31:4-6 "It is not for kings, O Lemuel, it is not for kings to drink wine, not for ruler to crave beer, lest they drink, and forget what the law decrees, and deprive all the oppressed of their rights" (NIV). Also, priests are not allowed to drink strong drink while discharging their duties in the sanctuary. In Leviticus. 10:8-9 "then the Lord said to Aaron, you and your sons are not to drink wine or other fermented drink whenever you go into the Tent of Meeting, or you will die. This is a lasting ordinance for the generation to come" (NIV).

The use of strong drink impairs the qualities one must possess to be pleasing to God, such as self-control, reason, and sound judgment (1Pet. 1:6; 4:7; Gal. 5:23). It is difficult to live and act properly before God when one is sober, let alone while under the influence of alcohol.

These explanations gave insights to biblical teachings on the use of alcohol. However, the church should not continue to use the approach of the missionaries to condemn those who use alcohol and treating alcoholism only as sinfulness. That is why Niebuhr suggested how the church could respond to such situations. Niebuhr believes that in every cultural context, no matter how benevolent or hostile the community and societies around may be, the church is called to demonstrate an alternative culture and an alternative ethic, in dialogue with the surrounding culture. To understand theology is to know how to approach the task of discerning situations in the light of the gospel. The gospel doesn't change, but situations change. The church's task is to know the gospel very well and to know equally the life context of the people. It is in the light of these realities that the key issues can be understood and confronted;<sup>19</sup> for example, alcohol addiction among youth. The preaching of total abstinence is an ineffective model for alcoholism prevention. According to Clinebell, preaching total abstinence promotes problem-drinking behavior. The fact is that youth from abstinence backgrounds frequently begin drinking outside their home, without their parent's knowledge and in opposition to their religious teaching tends to arouse guilt.

Alcohol consumption is not a sin or a sign of weakness for any individual, but it can become very destructive when one is addicted to it, or her/his freedom is taken away by the substance. Moderate drinking is supposed to be the best, because learning how to consume alcohol in moderation is every individual's free choice. Individuals should walk in freedom to be who and what they want to do and how they want to do it. Therefore, teaching abstinence as a rule only attempts to strip youth of this freedom of choice. On

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<sup>19</sup> Niebuhr, 57

the contrary, moderation often times can lead one to becoming an alcoholic. Therefore, it is good for youth to be safe by abstaining themselves after understanding the pros and cons of alcoholism. Indulging in drinking leads to their life destruction. Alcoholism has created a lot of broken relationships, and lost lives.

The relationship within one's self, of body, mind and spirit shapes one's ability to relate to other people, and to God the creator of the universe. When this connection between one's body, mind and spirit is broken by alcoholism, her/his ability, to respond healthily to life's circumstances is limited, because alcoholism impairs judgment and causes damages and death. When youth allow themselves to be controlled by anything other than the Holy Spirit, it is destructive in their alienation from God and others. Our freedom is to have healthy and perfect relationship, and to serve Christ freely (Rom. 6:15-23). In addition, in Genesis 9:18-27, Noah's upright character had been impressive (6:9, 7:1). But now having planted a vineyard, and drunk of the wine, he lay stark naked in his tent. Prior to his drunken incident, Noah was in good relationship with his sons. His situation created problem for his son (he saw his father's nakedness) which led to him being cursed by his father. If Noah had not gotten drunk that would not have happened. Also, there is another incident where Lot's daughters get their father drunk (Gen. 19:30-37), on two consecutive nights and raped him, so they can expose and manipulate his genitals to impregnate themselves. Even though, there was no condemnation passed on this indignity, in Genesis or elsewhere, yet the story wasn't very appealing.

Alcoholism has been the ruination of many respected people in every walk of life. Many youth have been raped, contracted HIV/AIDS, and killed because of alcoholism. These young people would have been future leaders and experts in various fields for the

benefit of the Zing church and community. Furthermore, where there are no ethical guidelines from their churches to help them understand the risk of drinking, such ignorance does in fact, contribute to the high incidence of drinking behavior. Therefore, the church is called not only to preach against alcohol and condemn alcoholism, but also to love and to speak lovingly to alcoholics and their families. This can be done practically by taking an active part in helping these young addicts and their families to understand the consequences of drinking and to regain their health and life.

This background for an understanding of alcoholism in the light of Zing culture and the traditional moralistic and biblical teaching on alcohol usage will now move us further in the next chapter to the deeper meaning on alcoholism and its destructive effect on the human person.

## Chapter 4

### General Understanding of Alcoholism

The proposal represented by this project is built upon the fact that little or no education about alcohol and the consequences of alcoholism has been available to the churches in Nigeria. The rules against drinking are well known, but there is no knowledge about alcoholism as a disease. Before setting up any kind of intervention program, there must be an understanding of alcoholism as it affects the individual and the society.

#### Approaching the Disease of Alcoholism

Dianne Hales and Robert E. Hales in Caring for the Mind: The Comprehensive Guide to Mental Health defines alcoholism as “a chronic, progressive and potential fatal illness, not a failure of willpower.”<sup>1</sup> The alcoholic begins with one drink and then more is required until drinking is out of control. In addition, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) calls alcoholism, “substance dependence disorder.”<sup>2</sup> Individuals with Substance Dependence experience a strong craving for alcohol because it brings relaxation. Alcoholics develop alcohol ‘tolerance’ by drinking greater and greater amounts of the substance to achieve intoxication. As a result, becoming free from the alcohol becomes impossible due to prolonged substance use, and achieving abstinence will usually require clinical attention. The alcoholic becomes

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<sup>1</sup> Dianne Hales and Robert E. Hales, Caring for the Mind: The Comprehensive Guide to Mental Health (New York: Bantam Books, 1995), 211.

<sup>2</sup> American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorder, 4<sup>th</sup> ed, text rev. (Washington, DC: American Psychiatric Association, 2000), 192

'obsessive-compulsive' and makes unsuccessful efforts to cut down on the drinking or to discontinue use.<sup>3</sup> The individual's daily life activities may literally revolve around alcohol, and she/he may suffer isolation, due to withdrawal from family, friends and the church even while the user is experiencing the 'psychological and physical effects of the substance.' In addition, the alcoholic becomes self-delusional regarding the problem.<sup>4</sup> Due to the pleasurable feeling the substance provides, alcoholics rationalize and minimize the dangers and affect even while their relational lives keep falling apart due to substance abuse.

In order to clarify the meaning of alcoholism, Howard Clinebell asserts that, "An alcoholic is anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships."<sup>5</sup> The alcohol beverage becomes everything for the alcoholic. Alcoholics believe that their existence depends on the substance, making it more important to them than their jobs or anything else that should be of highest importance to them. To them, life is attainable or livable only with the substance. Therefore, as the heavy drinking continues it affects not only the individual involved but families, church, and community. Ultimately, the entire society is affected by the destructive effects.

J. F. Kramer and D. C. Cameron in A Manual on Drug Dependence assert that not all people who consume alcohol have the illness of alcoholism or are alcohol dependent.<sup>6</sup> On one hand, some people drink wine with their meals, or only during

<sup>3</sup> Howard Clinebell, Understanding and Counseling Persons with Alcohol, Drug, and Behavioral Addictions, rev. and enl. ed. (Nashville: Abingdon Press, 1998), 24.

<sup>4</sup> DSM-IV, 192-94.

<sup>5</sup> Clinebell, Understanding and Counseling the Alcoholic, 19.

<sup>6</sup> J. F. Kramer and D. C. Cameron, eds., A Manual On Drug Dependence (Geneva: World Health Organization, 1975), 27.

socialization and celebration. People in this category claim that they can do without alcohol during other times of their lives and can stop drinking anytime. On the other hand, others, when they start drinking alcohol, cannot control or stop their drinking until their reasoning is diminished or they become intoxicated. Fortunately, alcoholism or alcohol dependence is a diagnosable disease. Several factors that indicate alcoholism include a strong craving for alcohol, and continued use despite harm or personal injury. Also, symptoms include the inability to limit drinking, physical illness when drinking stops, and the need to increase the amount consumed in order to feel the effects.

In addition, alcoholism is characterized by a dependence on alcohol that is out of the drinker's control. The victim cannot stop using alcohol despite the severe physical, psychological and spiritual consequences. Alcohol abuse is a pattern of drinking that results in harm to one's health, interpersonal relationships, or the ability to work/study. Its manifestations include failure to fulfill responsibilities at work, school or home. Alcoholism is a chronic disorder characterized by progressive dependence on alcohol, the repeated excessive use of alcoholic beverages, and the increasing dominance of the beverage in a person's life. It is a dominance that essentially displaces other concerns and responsibilities due to the craving of the substance by the individual.<sup>7</sup> Also, Clinebell says the excessive use of alcohol damages one's physical health, social relationships, impairs educational/job performance, and is a hindrance to spiritual wholeness.<sup>8</sup>

While a small amount of alcohol tends to relax a person and makes one feel less anxious, excessive alcohol consumption makes people alcohol dependent. For example, a

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<sup>7</sup> DSM-IV, 192.

<sup>8</sup> Clinebell, "Alcohol Abuse, Addiction, and Therapy," in The Dictionary of Pastoral Care and Counseling, ed. Rodney J. Hunter (Nashville: Abingdon Press, 1990), 18.

person is considered to be physically dependent on alcohol when he/she have experienced three or more of the following symptoms during a year: (a) a strong urge to drink, difficulty controlling how much they drink, or difficulty stopping. (b) Physical withdrawal symptoms, such as sweating, shaking, agitation and nausea when they try to reduce drinking. (c) a growing tolerance to alcohol, needing larger quantities to get the same effect. (d) gradual neglect of other activities and (e) persistent drinking even though it is obviously causing harm. It is a disease of delusion and self- deception, making those involved in drinking to think they are doing the right thing even when it is causing them both physiological and psychological harm.

#### Progressive Stages of Alcoholism

Alcoholism does not just happen in a vacuum, but it progresses from early stages to the final stage. For a better understanding of how alcoholism progresses and to be able distinguish between problem drinking and alcoholism John E. Keller in Ministering to Alcoholics presents stages of progressive symptoms of alcoholism.

First, the Pre-alcoholism stage: The young alcoholic drinks more and more in the name of having fun, to the point that family and friends begin to worry about the drinking habit.<sup>9</sup> Second is the Early Stage. During the early stage the alcoholic starts to experience (1) blackout<sup>10</sup> when intoxicated and cannot remember or recall any activity performed during the blackout. (2) Sneaking drinks:<sup>11</sup> The alcoholic drinks in hiding in order to have consumed more than others, to feel the early sedative effect of the

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<sup>9</sup> John E. Keller, Ministering to Alcoholics (Minneapolis: Augsburg Publishing House, 1966), 24.

<sup>10</sup> Keller, 25.

<sup>11</sup> Keller, 25

substance, (for example, having the drink before going to a party or any ceremonial gathering). Therefore, due to guilt he /she sneaks the extra drink because of the craving.

(3) Preoccupation with alcohol:<sup>12</sup> The alcoholic thinks more and more of the drink and would prefer to go where alcohol is accessible. (4) Gulping first drinks:<sup>13</sup> The alcoholic, due to prolonged use of the substance has learned that to gulp the first drink that speeds up the sedative effect. (5) Guilt about drinking:<sup>14</sup> The alcoholic's abnormal drinking habit begins to bring guilt, as the drinking habits change. The reason for drinking from the start was to have fun and get intoxicated, but now it is much more than just feeling good and having fun. (6) Avoiding conversation about alcohol:<sup>15</sup> The alcoholic becomes guilty ridden when the issue of alcohol is discussed, so in order to avoid talking about his drinking behavior, she/he stays away from conversation about alcohol. (7) The proportion of blackout from drinking episodes increases.<sup>16</sup> At this point the drinking is getting out of control. Most alcoholics may try quitting at this level but cannot due to the anxiety caused by withdrawal delirium on the individual.

Third, the Middle Stages: (8) Loss of control:<sup>17</sup> The alcoholic sits in a bar or tavern and continues drinking until she/he is out of control. As the alcoholism progresses, the alcoholic loses control of his/her drinking, and the individual literally can't stop drinking. The alcoholic is completely powerless over the alcohol. This usually happens after many years of control-drinking. (9) Rationalizing and alibis.<sup>18</sup> The alcoholic becomes very defensive and offers justification for his/her drinking behavior. Being defensive makes the alcoholic feel better. He/she is bewildered and finds it difficult to

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<sup>16</sup> Keller, 26

<sup>17</sup> Keller, 27.

<sup>18</sup> Keller, 27.

deal with his/her lack of power to control the excessive drinking. Sometimes this stage leads to the death of the individual. (10) Social pressure increases:<sup>19</sup> The alcoholic keeps drinking to maintain self-esteem and ease the guilt, because of the pressure from family, friends, employer and others. These people believe the alcoholic has the power in her/himself to stop drinking. Little do they know that their encouragement to stop reinforces the delusion that keeps the alcoholic from facing the reality of his/her powerlessness over the substance. (11) Grandiose behavior:<sup>20</sup> The alcoholic gets into unnecessary spending which leads to high bills, and doing this as a way to avoid the reality about the alcoholic's condition. (12) Aggressive behaviors:<sup>21</sup> The alcoholic believes that other people are the reason for his/her heavy drinking so he/she becomes abusive and aggressive to whomever is trying question his/her drinking habit. (13) Social relations drop:<sup>22</sup> The alcoholic begins to isolate him/herself from all the people he/she see as enemies. The substance replaces family and friends to him/her and the close friends he/she has are people of like mind. (14) Loss of job or failure to complete school assignments:<sup>23</sup> The excess drinking which becomes more important to the alcoholic affects the alcoholic's job or school requirements and primary responsibilities. At this level the intent to have fun and do other things is not a priority. (15) Unreasonable resentments:<sup>24</sup> the alcoholic makes his situation very difficult for other people to live with, especially his/her family. He/she projects self-hatred and guilt onto persons who are close to him/her. (16) Neglect of nutrition.<sup>25</sup> The alcoholic loses his/her appetite to follow

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<sup>20</sup> Keller, 28

<sup>21</sup> Keller, 28

<sup>22</sup> Keller, 29

<sup>23</sup> Keller, 29.

<sup>24</sup> Keller, 30.

<sup>25</sup> Keller, 30

a health diet, but continues drinking which leads to malnutrition. (17) Loss of physical skills:<sup>26</sup> The alcoholic becomes weak physically and is unable to stop drinking which often leads to hospitalization. In addition, the alcoholic may experience a decrease in sexual desire which brings even more concern to the spouse.<sup>27</sup> Also, there will be "morning drinks" in order to take care of the hangover, jitter, guilt, remorse and depression. This becomes the accepted way to start the morning and will "initiate the cycle of continuous drinking and speed up the progression of the alcoholism."<sup>28</sup> This stage marks a greater danger that can lead to death if intervention is not initiated for the alcoholics and their families.

This takes us to the Late Stage. (18) Binge and bender. The alcoholic's heavy drinking becomes hopeless, because drinking is all that matters for the alcoholic, not family, job or anything important but only the substance, and he/she will do anything to get the substance. If alcohol is not available, she/he begins to shake, as a result of delirium due to withdrawal, and will become frightened due to horrible hallucinations and being ridden with guilt.<sup>29</sup> Furthermore, the alcoholic experiences (19) ethical deterioration: The individual's moral decisions deteriorate due to compulsive drinking and impaired brain functioning. This stage leads to permanent brain damage. The alcoholic at this point will have (20) "Psychomotor inhibition," that is, the individual

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<sup>26</sup> Sharon Wegscheider-Cruse, Another Chance: Hope and Health for the Alcoholic Family, 2<sup>nd</sup> ed. (Palo Alto, CA: Science and Behavior Books, 1989), 73.

<sup>27</sup> Keller, 31

<sup>28</sup> Keller, 23-31

<sup>29</sup> Keller, 31

cannot function physically without the substance. Also, the alcoholic becomes obsessive in drinking the substance in order to remove the symptoms.<sup>30</sup> The individual may now understand the lack of power to stop drinking and realize the destructive condition that she/he is in. Because of the anguish, struggle and pain, hopefully, she/he will now ask for help. Being an alcoholic does not just happen by accident, but there are reasons, situations and conditions that lead one into excessive drinking or other forms of addictions.

### The Causes of Alcoholism

The cause of alcoholism is not known. However, there is growing evidence for a biogenetic and biopsychosocial predisposition for this disease. I agree that alcoholism can be caused by both of these factors. It can be due to availability of alcohol, often through involvement by parents. A majority of the adults in the Zing community are alcoholics, due to the fact that the substance is not expensive and is actually used as food. For example, in and around the Zing community, “the home-brewed beverage is popular in the neighborhood, because it is more affordable than commercially produced beer, and is closely connected to food production.”<sup>31</sup> As a result, the Zing community has a growing number of young alcoholics. Throughout Zing’s history, people have engaged in practices that alter their psychological state. For example, traditionally, men gathered together and actually cut their bodies with knives after taking strong drink, and while they do this, the youth are watching believing this is a display of bravery.

In addition, there are many reasons why the Zing youth wish to change their

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<sup>30</sup> Keller, 32.

<sup>31</sup> World Health Organization Department of Mental Health and Substance Abuse, “Global Status Report on Alcohol” Geneva 2004, 18; accessed 25 Nov. 2007; available from [http://www.who.int/substance\\_abuse/publications/global\\_status\\_report\\_2004\\_overview.pdf](http://www.who.int/substance_abuse/publications/global_status_report_2004_overview.pdf)

mental and emotional status. It is not hard to imagine the rationale for the very first alcohol-induced experience. Alcohol consumption by youth arises first from curiosity. Curiosity is one of the prevalent reasons for early alcohol consumption, especially among Zing youth. The Zing community is bombarded with messages that promote alcohol use. For example, television/radio influence creates curiosity for youth to find out just what it feels like to consume alcohol. In addition, there are varieties of factors that contribute to the development of problems with alcohol. These problems are connected with social factors such as the influence of family, peers, and society. Also, a major factor is the availability of alcohol, plus psychological factors related to elevated levels of stress, inadequate coping mechanisms, and reinforcement of alcohol-use by other drinkers.

In addition, low-self esteem and depressive situations lead to alcoholism. Having friends or a close partner who drinks regularly increases the chance of becoming alcoholic. It may be difficult for an individual to distance her/himself from these enablers or from their drinking habits. Social and cultural factors are other leading factors in the cause of alcoholism. The glamorous way that drinking alcohol is portrayed in advertising and in the entertainment media sends many misleading messages, especially to youth, that it is acceptable to drink excessively. For example, in Nigeria the portrayal of Michael as Mike-“power” communicates that because of his excessive drinking he has the power to save lives in hopeless situations. As a result, many young people want to be like Mike Power by indulging themselves in excessive drinking as Mike power does.

Alcoholism has an enormous impact on the youth of the Zing society. Most of the youth in Zing meet the medical criteria for a diagnosis of alcohol abuse or alcoholism. A majority of these young alcoholics have direct family experience with alcoholism.

Although money cannot adequately reflect the social and human devastation caused by this illness, millions of Naira (Nigerian money) is spent annually on the damages caused by youthful alcohol abusers. Much of this cost is related to the destruction of facilities due to violence, motor vehicle accidents, and alcohol-related crimes.

### The Effects of Alcoholism

Alcohol is a depressant of the central nervous system. An increasing amount suppresses the part of a person's brain that controls judgment, and results in a loss of inhibitions. Alcohol also affects a person's physical co-ordination, causing blurred vision, slurred speech and loss of balance. Also, a significant percentage of this incidence is, in fact, related to alcohol dependence. Also, the mortality rate among young people in relation to alcohol abuse is very high. In addition, alcoholism leads to many other related illnesses such as HIV/AIDS and other sexually transmitted diseases, including family violence. Alcohol affects the individuals in many ways, including the psychological, physical and spiritual.

### Psychological Effects

Alcoholism affects an individual's inhibition. Disinhibition is caused by the effects of alcohol on the brain area associated with our anxious responses, and the result can be more serious than just an increased feeling of confidence. Even in risky situations an individual will take more risks and feel more confident. The Zing youth believe that feeling a bit more relaxed, not quite so anxious and a bit braver or a bit more confident after they have two or more alcoholic drinks is very advantageous. As a result, they continue to drink, claiming that this increased confidence and reduced anxiety are benefits derived from alcohol consumption. Little do the Zing youth know that alcohol

has a sedative effect on the brain, and this sedative works by slowing down and interfering with normal brain activity and functioning. This process starts in the higher brain and slowly works back through to the deeper more primitive brain as blood alcohol levels rise.

Furthermore, the sedative effect on the central nervous system leads to the reduced capability to make reasoned and logical thoughts or arguments, because of the changes in thinking.<sup>32</sup> Alcoholics may experience problems with concentration and decision-making, and have difficulty with short-term memory, consistently forgetting things.<sup>33</sup> This is because the brain appears to be directly damaged by alcohol as it crosses the blood / brain barrier. Negative thoughts, pessimism, poor self-esteem, excessive guilt, and self-criticism are all common among alcohol abusers. Also, alcoholics have self-destructive thoughts which may result in environmental cues being misinterpreted and this may lead individuals to make poor or risky decisions when they have had too much to drink, such as spending a huge sum of money on alcohol, going home with a complete stranger, or getting into the car to drive.

In addition, alcohol takes away self-control through the reduction in one's ability to rationalize or even consider the consequences of one's actions. Alcohol affects the ability of the neurons in the brain to communicate with each other as effectively as they would in a sober state, reducing a person's mental alertness. This means that important messages take longer to get relayed; they may get misinterpreted. For example, an individual's memory, or making associations are compromised. Thought processes are

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<sup>32</sup> Cain, 21.

<sup>33</sup> Cain, 25-26.

sedated and therefore slower, resulting actions and responses become slower. The inability to think clearly and concentrate severely reduces one's mental ability.

Alcohol affects an individual's feelings while intoxicated. Alcoholics may feel sad for no reason at all. They no longer enjoy activities other than being in a bar or a tavern where they spend time drinking with their fellow alcoholics. They lack motivation, and become more apathetic. Alcohol increases irritability. As a result it becomes difficult for the alcoholic to control her/his temper. In the extreme, alcoholism among the Zing youth is characterized by feelings of low self-esteem, isolation, helplessness and hopelessness. Behavior-wise, alcoholics might act more apathetic, and are socially withdrawn or most often isolate themselves. In addition, they experience a dramatic change in appetite, like my father, who did not eat at all before drinking alcohol. Sexual desire may disappear, resulting in lack of sexual activity. In the extreme, alcoholics may neglect their personal appearance, even neglecting basic hygiene, as most of the alcoholic youth roam on the streets in a very clumsy and disheveled way. This behavior often leads to family violence in many homes.

#### Alcoholism and Family Violence

Alcohol consumption not only takes away joy and happiness in one's life, but it also creates chaos and trouble in the family system. Family violence has to do with physical, sexual and psychological violence occurring in the family, including wife-battering, sexual abuse of female children, dowry-related violence, and other traditional practices harmful to women and children. This problem has long been neglected until recently when case of a Family homicide reported in the newspapers attracted the attention of the public. For example in Nigeria, "during 1989-94 showed that 41 (19.5%)

out of the 210 cases were family homicides. About 51% of these cases were related to alcohol.<sup>34</sup> Most women and children have suffered greatly from men due to excessive alcohol consumption. Families were left desolate without proper care, and in absolute poverty, because the money that should have been used to provide for the family members was spent on alcohol.

Also, alcoholism brings about chronic fatigue, despite spending more time in sleeping while intoxicated. The fact that one falls asleep due to alcohol does not mean one sleeps soundly, because the alcohol beverage disrupts one's sleep patterns leading to a lack of proper restful sleep, and so the individual may always feel tired. Sometimes, even when the hangover has cleared, the individual may lie awake for hours, or awaken many times during the night, and stare at the ceiling. Most alcoholics complain of many aches and pains. Tiredness and apathy is caused by the combined effect of alcohol sedation to the brain and the depression it causes. As a result, it disrupts the natural levels and more importantly the natural balance of chemicals in the brain that are responsible for one's normal range of emotions. A great amount of alcohol in the system makes an individual restless. On the other hand, since alcohol is a depressant, it makes one feel tired and sad.<sup>35</sup> Alcoholics who are drinking heavily often tend to display higher than normal levels of agitation. This is probably due to the effects of alcohol on the areas of brain that are involved in one's anxious behaviors.

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<sup>34</sup> WHO, "Global Status Report on Alcohol," 59.

<sup>35</sup> Cain, 22.

### Physiological Effects

Alcohol consumption is linked to many harmful consequences, not only for the individual drinker, but for society as well. The person who drinks is not the only one who feels the impact of the destructive effects, but the community at large also suffers.

Alcoholism has a profound and direct impact on families and friends, as well as on their acquaintances, especially in family violence and accident situations when the person involved is driving under the influence of alcohol. As mentioned in The Global Status Report on Alcohol reports, “social consequences affect the individuals other than the drinker.

For example, passengers involved in traffic casualties, or family members affected by failure to fulfill social role obligations, may lead to violence in the family.”<sup>36</sup>

Furthermore, excessive drinking has a strong and lasting impact on the human body. As far as an alcoholic’s body is concerned, it can take much abuse from alcohol and scars from falling before the alcoholic will start to notice or admit to what can become very serious problems. Alcoholics can develop problems such as anemia, which can be brought on by not taking care of one’s physical and nutritional aspects. Other common problems can be ulcers, cirrhosis of the liver, an accident, family violence and even death.

### Alcoholism and Cirrhosis of the Liver

Cirrhosis, which is an alcohol related liver problem, is the number one leading cause of death among the youth in the Zing community. Diane and Robert Hales assert that ethyl alcohol, or ethanol is an intoxicating ingredient found in beer, wine, and liquor.

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<sup>36</sup> WHO, “Global Status Report on Alcohol,” 59.

It is believed to be central as a nervous system depressant, especially for individuals who repress their difficult and depressive situation.<sup>37</sup> An excessive content of alcohol in the system can affect every organ in the body. The intensity of the effect of alcohol on the body is directly related to the amount consumed. When consumed, it is rapidly absorbed from the stomach and small intestine into the bloodstream. Alcohol is metabolized in the liver by enzymes. However, the liver can only metabolize a small amount of alcohol at a time, leaving the excess alcohol to circulate throughout the body, causing great damage to the body.<sup>38</sup>

Chronic alcoholism can have a profound affect on the human liver. As the largest internal organ, it plays a key role in filtering toxins in the human body. Drinking a very large amount at one time (binge drinking) can lead to unconsciousness, coma, and even death due to alcohol poisoning, because the liver cannot metabolize it. *The Global Status Report* says, “the relationship between alcohol consumption and liver cirrhosis seems to be mainly dependent on the volume of drinking and independent of pattern of drinking”<sup>39</sup> What happens when cirrhosis of the liver occurs is that healthy organ tissue is replaced with bad scar tissue due to excess of alcohol substance in the organ. This bad tissue then keeps the liver from allowing the blood to flow through, which, in turn, stops it from working properly due to the “inflammation and destruction of the liver cells.”<sup>40</sup> Some of the early warning signs of cirrhosis of the liver can be abdominal pain, nausea, exhaustion or fatigue, swelling of the ankles and redness of the palms. Cirrhosis is almost

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<sup>37</sup> Hales and Hales, 121.

<sup>38</sup> Hales and Hales, 121.

<sup>39</sup> WHO, “Global Status Report,” 39.

<sup>40</sup> Hales and Hales, 219.

exclusively a disease of malnutrition; it is associated with alcoholism, simply because most alcoholics do not eat when they drink.

### Alcoholism and HIV/AIDS

A factor that causes the high mortality rate among the Zing District youth, in addition to Liver cirrhosis is HIV/AIDS. HIV/AIDS is another consequence of alcoholism. For example, “HIV prevalence in Nigeria has been on a consistent increase from 1.8% (1991) to 5.8% (2001). The national median prevalence for the 2003 Survey is 5.0%.”<sup>41</sup> There are indications of explosive epidemics in specific locations in some states. The report reaffirms that no State or community is spared by this epidemic. Furthermore, alcohol consumption and its consequences together with HIV/AIDS are a major public health problem among the Zing youth. As found in the Family Health International: Rapid Assessment Report, “The high HIV prevalence in Zing, which is above the national average, is of tremendous concern to officials of the Local Government Area.”<sup>42</sup> Zing has been listed among the leading communities with the highest rate of HIV/AIDS positive patients. Alcoholism can lead to illicit sexual behavior which may influence HIV transmission, pathogenesis, and disease progression.

According to the National Institute on Alcohol Abuse and Alcoholism, persons with alcohol-use disorders are more likely than the general population to contract HIV (human immunodeficiency virus). Similarly, people with HIV are more likely to abuse

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<sup>41</sup> Nigeria, Federal Ministry of Health Department of Public Health, National AIDS/STDs Control Programme, “Technical Report 2003, National HIV Sero-prevalence Sentinel Survey,” April 2004, accessed 4 Oct 2007; available from <http://www.nigeria-aids.org/pdf/2003SentinelSurvey.pdf>.

<sup>42</sup> Nigeria, Taraba State, Nigeria Family Health International, “Rapid Assessment Report in selected Local Government Areas”, accessed 4 Oct 2007; available from <http://www.fhi.org/NR/TarabaRapidAssessmNigeria1.pdf>.

alcohol at some time during their lives. Alcohol use is associated with high-risk sexual behaviors and injection drug use, two major modes of HIV transmission. For persons already infected, the combination of heavy drinking and HIV has been associated with increased medical and psychiatric complications, delays in seeking treatment, difficulties with HIV medication compliance, and poorer HIV treatment outcomes.<sup>43</sup> For example, most young people, due to the stigma attached to both illnesses do not want to seek help and would rather continue in heavy drinking to suppress their feelings and pain. Heavy alcohol drinking has been correlated with a lifetime tendency toward high-risk sexual behaviors, including multiple sex partners, unprotected sexual intercourse, and sex with high-risk partners.

For example, problems lie with injection drugs users and prostitutes, and the exchange of sex for money due to poverty among the Zing youth, mostly young girls. However, expectations about alcohol's effects may exert a more powerful influence on alcohol-involved sexual behavior. Studies consistently demonstrate that youth who claim that alcohol enhances sexual arousal and performance are more likely to practice risky sex after drinking. Some youth deliberately use alcohol during sexual encounters to provide an excuse for socially unacceptable behavior or to reduce their conscious awareness of risk. AIDS is a leading cause of death among people between the ages fifteen to twenty-four among Zing youth.

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<sup>43</sup> Nigeria, National Institute on Alcohol Abuse and Alcoholism, "Alcohol Alert," No. 57 Sept. 2002; accessed 28 Sept. 2007, available from <http://pubs.niaaa.nih.gov/publications/aa57.htm>.

There is an overlap between persons at risk for alcohol-related problems and individuals at risk for HIV infection. Regardless of the level consumed, alcohol is likely to influence the health status of persons infected with HIV and whose behaviors place them at risk for acquiring the virus. Youth who are intoxicated are always at risk of contraction and promotion of HIV disease. Despite the significant advances that have been made in creating awareness among youth in Zing, HIV and other infectious diseases continue to spread among alcohol-using youth. As C. Jean Garland says, "it is obvious that people who take alcohol in excess or other drugs that cloud their minds often make foolish decisions in the area of sex. Many young people under the influence of drugs or alcohol, or both, have sexual encounters that they do not even remember."<sup>44</sup>

The understanding of the epidemiology of risks for HIV/AIDS among the youth in the Zing community and others at risk, the clinical course and consequences of HIV and continuous infections associated with excessive alcohol use and sexual practices is a fact that is never discussed. The fact is that not only does heavy drinking lead to illicit sexual relationships and contraction of HIV/AIDS, but it also leads to unwanted pregnancies. Such situations are very pathetic and depressing not only to those involved but to the innocent unborn child and the family members. Furthermore, alcoholism not only leads someone into these varieties of physical problems to contract HIV/AIDS, but it causes the family to experience meaninglessness and hopelessness due to the destruction of spirituality by the consumption of alcohol.

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<sup>44</sup> C. Jean Garland, AIDS Is Real and It's in Our Church (Plateau State, Nigeria: African Christian Textbooks, 2003), 57.

## Spiritual Effect

Excessive alcohol consumption has a great impact on one's spiritual life. One's spirituality has to do with her/his making meaning and understanding the purpose of one's existence in this world. Scholars have various definitions of spirituality, but this project focuses on the Christian understanding of spirituality because spirituality and Christianity are indistinguishable. Spirituality can be characterized as concerning the transcendent, divine, and or invisible. Mary A. Fukuyaman and Todd D. Sevig in Integrating Spirituality into Multicultural Counseling believe that, "Spirituality refers to something that is transcendent, ultimate, and known in an extraordinary manner."<sup>45</sup> It calls one beyond oneself to concern and compassion for others and to love for God. That is why Clinebell says, "Spirituality is a word that has been used to describe the human need for meaning and value in life and the desire for relationship with a transcendent power."<sup>46</sup> The power to relate to self, other, and God is the most important aspect of an individual's life. Eugene H. Peterson in Subversive Spirituality asserts, "Spirituality is the tension we give to our soul, to the invisible interior of our lives that is the core of our identity, these image-of-God soul that comprise our uniqueness and glory."<sup>47</sup>

When one is controlled by alcoholism, she/he is often lead to a lifestyle of self-centeredness and rationalizations resulting in a lonely and painful life. In contrast to this, John and Denise Carmody in Catholic Spirituality and the History of Religions believe that "what healthy spirituality both seeks and enjoys is a full measure of inner freedom.

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<sup>45</sup> Mary A. Fukuyaman, and Todd D. Sevig, Integrating Spirituality into Multicultural Counseling (Thousand Oaks, CA: Sage Publications, 1999), 4.

<sup>46</sup> Howard Clinebell, Counseling for Spiritually Empowered Wholeness: A Hope-Centered Approach (New York: Haworth Pastoral Press, 1995), 19.

<sup>47</sup> Eugene H. Peterson, et al., eds. Subversive Spirituality (Grand Rapids: William B. Eerdmans Publishing, 1997), 6.

Liberated from both oppressive external power and equally oppressive internal voices (of pride, fear, self-importance), a healthy spirituality is equally able to say yes or no.”<sup>48</sup> But alcoholics have no power to control their inner desire for drinking, which has robbed their freedom. As a result, their spirituality is controlled by the power of alcoholism. Alcohol substance has replaced God and others in their lives. Due to excessive drinking, alcohol controls and dominates the cognitive ability of the victim which makes her/him move away from what is moral and ethical. The alcohol has robbed the person’s ability and the capacity for values and beliefs. The alcoholic is blind, unable to see a way out by himself and is not able to control what is going on around her/him, especially when fears, worries and anxieties set in.

In addition, “A viable spirituality deals with all-important aspects of people’s lives, their minds, their bodies, their affections, their work, their play, their worship their way of coping with sickness and death.”<sup>49</sup> Therefore, without the control of these aspects in the youth’s life, she/he will not have the ability to love and worship God with heart and mind, or to love and care for their neighbor as themselves. Also, when one is healthy, the individual’s spirituality in terms of relationship with self, others and God will function in a healthy way. On the other hand, alcoholism brings an unhealthy spirituality and creates dysfunctional relationships, isolating individuals from enjoying good health and wholeness that comes through such relationship. Cruse asserts that if the alcoholic formally belongs to a religious organized group her/his ties to such group is likely to be one of the early social connections broken; she/he feels uncomfortable with the members

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<sup>48</sup> Carmody Denise Lardner and John Tully Carmody, Catholic Spirituality and the History of Religions (New York: Paulist Press, 1991), 8.

<sup>49</sup> Carmody and Carmody, 9.

and becomes easily angered and ashamed by their criticism. If she/he had an inner personal relationship with a Higher Power, he probably had turned away from such relationship and in her/his growing sense of unworthiness.<sup>50</sup> In order to make meaning and have purpose in life and have a quality relational life, there is need for a healthy spirituality in the life of every individual, especially among the youth of Zing District.

According to Clinebell, a healthy spirituality is aimed at the enhancement of our realistic hope, meaning, value, inner freedom, faith system, our peak experience, and our relationship with God. Furthermore, Clinebell believes that individuals have seven areas of spiritual needs: (1) the need for a viable philosophy of life, (2) for creative values, (3) for a relationship with a loving God, (4) for developing our higher self, (5) for a sense of trustful belonging with the universe, (6) for renewing moments of transcendence and (7) for a caring community that nurtures spiritual growth.<sup>51</sup> All these areas need special attention, and when that is not done, the individual turns to alcohol or other addictions through a variety of symptoms to fulfill the emptiness and needs that are damaging to self and relationship. Most people believe that once someone has reached the level where her/his spirituality has been crushed or damaged by the effect of alcohol addiction, such individuals have no hope or future in life. Thankfully, however, research has proved that there is a way out for those affected by alcoholism and their families. While there is no final cure for alcoholism, the good news about this disease is that it can be brought into remission, that is, it can be treatable. Since the disease is treatable, the Zing youth have

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<sup>50</sup> Wegscheider-Cruse, Another Chance, 75.

<sup>51</sup> Clinebell, Counseling for Spiritually Empowered Wholeness, 82.

hope for a positive future. The individuals affected psychologically, physiologically and spiritually when they receive early intervention can be hopeful.

With all the above underlining causes and effects of alcoholism, fortunately, there is hope for alcoholics. Alcoholism is a treatable illness from which many of its victims find continuing recovery all across the globe. If this is possible for alcoholics in other places then it is also possible for the Zing youth.

#### Treatment of Alcoholism

The treatment of alcoholism can be effective only when alcoholism is viewed as a disease needing care, and the individuals involved are seen as people, human beings who have the illness of alcoholism. They should be seen as children of God and fellow brothers and sisters and not different from other people. Psychologically, physically and spiritually they are sick, and in need of God's grace and the community's love and care. With this understanding and awareness, the community can breakdown the wall of stigmatization of the illness and the wall of shame and guilt for those involved; it can create acceptance and an environment of care for the alcoholics and their families.

The disease of alcoholism is a family illness in that all members of the family and significant others are also directly affected. Cruse purports that "alcoholism is not merely an individual problem but a family disease affecting every member and every facet of family life."<sup>52</sup> Based on this idea, ironically alcoholism has affected the entire community. Individuals suffering from alcoholism are rarely aware how their actions affect people around them. In most cases, they are too concerned and occupied with the addiction to even care. They have no knowledge what it means to establish healthy

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<sup>52</sup> Wegscheider-Cruse, Another Chance, 158.

relationships, and make effective choices. In some cases, an individual may suffer from childhood traumas, whether, emotional, sexual or physical, that have shaped their belief systems in ways still unfamiliar to them. For example, most young people in the Zing Community, as I mentioned in Chapter Two of this project, come from alcoholic, abusive and poor families. As Clinebell says, basic causes of alcoholism "usually stem from unresolved problems of childhood or adolescence."<sup>53</sup> Children from such families usually have had their sense of normality distorted. This situation has been one of the contributing factors to their heavy drinking. As already mentioned, the consequences of alcoholism may be legal in nature, the loss of employment, health related or problems within the family. Therefore, there is a need to develop a treatment process not only for the alcoholic but also for the family. As Sharon Wegscheider-Cruse suggests, "since we are discovering that families who have received treatment do not develop new chemical dependencies, family treatment may be our best hope for preventing alcoholism and drug dependency in the next generation."<sup>54</sup>

Whatever happens to a member of a family happens to all, and having them support each other brings success and makes the intervention very effective. Presently, the Zing community has nothing in place for drug and alcohol addiction treatment as it is in the United States. In the United States, there are alcohol treatment programs or alcohol rehabilitation programs which include group psychotherapy, individual therapy, family counseling, educational lectures, nutritional counseling, medication management and

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<sup>53</sup> Howard Clinebell, Some Religious Approaches to the Problem of Alcoholism, Ph. D. diss., Columbia University, 1954 (Ann Arbor, MI: UMI, 1954, 8634), 29.

<sup>54</sup> Wegscheider-Cruse, Another Chance, 31.

participation in Alcoholics Anonymous. Therefore, since we are at the beginning of treatment for alcoholism among the Zing inhabitants, there is need to start from the beginning. In order to effectively help alcoholics and their families there is need for the following treatment models: education and awareness among the community, and intervention with young alcoholics and their families.

Education is the most important way to begin. Teaching about the disease and the destructive effect of alcoholism on the lives of the youth and their families will prepare an effective foundation for awareness in the community, especially the youth. As a pastoral counselor and educator in the Zing community, where the inhabitants do not understand and or talk about alcoholism, a discerning human spirit and the power of the Holy Spirit is needed for this great task of bringing about awareness and transformation. In addition, prayer is very essential in order to subdue the powers that are controlling the system and the youth. As Walter Wink in The Powers That Be purports, God is able to do in the world those things that are hindered to a considerable extent by rebellion, resistance and self-interest of power exercising their freedom under God.<sup>55</sup> After presenting the problem first to God, we then must create an avenue for discussion with families, youth and the community for ways for prevention and treatment for those involved as well as those that are not. This can be done by defining and analyzing the problem in appropriate and contextual ways.

Ernest T. Stringer in Action Research asserts that the routine of look, think and act, helps the community to be familiar with the problem. That is, 'look' which is being able to describe the problem, and 'think', to be able to clearly analyze the situation of the

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<sup>55</sup> Walter Wink, The Powers That Be: Theology for a New Millennium (New York: Doubleday, 1998), 192

problem<sup>56</sup> to the community. Doing this will help ignite in the community the need for solution, and will open their eyes to see and their minds to understand that good health is an essential ingredient for good relationship to self, others and God. Also, healthy youth give hope and great future to the community, in the sense that young people would be able to have better education and jobs that will bring good, healthy leadership and income above the poverty line not only for their immediate families but to the betterment of the entire community. Furthermore, being a pastoral counselor/educator in Zing District will help in blessing every struggling person to find new life.

Having this knowledge enables me to listen to and be with discarded, hurting teenagers in a special way. Doing this, means working with youth who are victims of alcoholism, youth whose grief is so deep that they often do not make their way through the doors of our churches. In addition, God has called or is calling the church to make provision for instructing these young people. The church should give them the fullest discovery of the perfection and will of God for humanity. As Walter Wink asserts, "God does want people to be free to become everything God created them to be."<sup>57</sup> The church is called by God to serve humankind responsibly by nurturing and reaching out to the youth. These youth need to understand the will and love of God for their lives as early and as frequently as possible. They should be instructed and tutored therein at the church, stressing the need to stay drug-free in the community, and by empowering them and heightening the awareness of their rights and responsibilities, their abilities, for enhancing their self-confidence. As Edward R. Davis in "College Prep Ministry in Boston" claims in the HERC's mission, this will "cultivate integrity and excellence in the

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<sup>56</sup> Ernest T. Stringer, Action Research, 2<sup>nd</sup> ed. (Thousand Oaks, CA.: Sage Publications, 1999), 43.

<sup>57</sup> Wink, 192.

youth and it will empower them academically, socially, emotionally, and spiritually, thereby inspiring a vision for success in higher education.”<sup>58</sup> This cannot be successful without networking with other people with the same vision. The parents of these young people also need to be part of the initiative and awareness. Therefore, Stringer has suggested the need to create a good relationship with the community not by being the sole leader, but as a facilitator and effective communicator, working with all those in key positions or the gatekeepers in the community, and by encouraging all to participate in all the plans and actions that will be taken. Doing this will bring success for bringing about transformation in terms of the process for alcoholism prevention and treatment.

Education is power, because it generally plays a critical role in the life of human beings. As an agent of change, education presents a solid vehicle for the transformation and empowerment of individuals, community and the society at large. Therefore, community involvement in bringing hope to these young people and finding solutions to the problem of alcoholism in Zing District will bring about an effective ministry. Detailed outline on the educational component will be found in Chapter Four of this project. However, education alone in the treatment of alcoholism may be ineffective; there is need for formal treatment also.

#### Interventions with Young Alcoholics and Their Families

Following the foundational work of education and awareness in the Zing community, the focus would then be on the alcoholics and their families, and the

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<sup>58</sup> Edward R. Davis and Amy L. Sherman, “College Prep Ministry in Boston: Leon De Juda,” photocopy [Boston: MA] Leon de Juda, Higher Education Resource Center, 1999), 6.

following process of recovery/treatment would be used: Acceptance and gradual abstinence, relapse prevention, family and community program and intervention in the church through worship.

### Acceptance and Gradual Abstinence

Generally, alcoholics have difficulty in accepting their heavy drinking problem, and this is the issue that stands in the way of this process, referred to as denial. Patients in this situation need assistance to be able to break through their denial. This can be done by "penetrating their wall of defenses and help the stunted or eroded feeling of self-worth to grow enough so that the wall can be dismantled, block by block."<sup>59</sup> This will help the patient to open-up and accept the fact of her/his illness. For an alcoholism treatment program to be effective, a person must accept the fact that they cannot control their drinking, and the only solution lies in gradual movement toward total abstinence.

### Relapse Prevention

As with most diseases or addictions, relapse does occur in individuals working toward sobriety. Unfortunately, in the area of alcoholism treatment, relapse occurs in far too many cases. Relapse is returning to using drugs or alcohol after a period of abstinence. This must be faced as a major problem. The primary reason for relapse is usually found in a person's resistance or reluctance to follow one or more of the components of their relapse prevention plan. A relapse prevention plan is a crucial part of a person's alcohol treatment. Alcohol treatment is not complete without a relapse plan. Relapse does not just happen all by itself. It generally takes place over a period of time,

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<sup>59</sup> Wegscheider-Cruse, Another Chance, 43.

with a variety of contributing factors. Once a person involves her/himself in a relapse prevention course, it is not difficult to detect the warning signs that the recovery addict or alcoholic may be sabotaging their recovering and in danger of returning to alcoholism. In this case, the alcoholism rehab center would be located in the church building. This recuperative period may take from three days to two weeks as the person deals with years of addiction, alcoholism, depression, anxiety, stress and hopelessness. The plan would be to replace the locally brewed fermented beer known as *burukutu* to the unfermented drink known as *kunun zaki*; a drink made from guinea corn and millet. This will help the patient to find something to drink during their craving moments.

#### Family/Community Program

It has long been recognized that alcoholism is a family illness and has profound effects upon the family unit. Also, alcoholism as a disease is not only one of the individual and family, but of the entire community. Zing is a communal society, whatever happens to one person happens to the community. Dick Schaefer asserts, "It takes a system to crack a system."<sup>60</sup> Therefore, the treatment process will be for the community and would need the community's involvement in reaching out to the youth. It is generally suggested that, to initiate recovery, a person must be stabilized medically and psychologically. But in this context, the Zing community is handicapped in terms of experts and facility. There the community can initiate a communal healing model for the individuals and their families, by extending love and being present, and listening. Once the individual is stable, daily structure becomes critical. The alcoholic needs to know

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<sup>60</sup> Dick Schaefer, Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs (Minneapolis: Johnson Institute Books, 1987; reprint, Center City, MN: Hazelden, 1998), 9.

what to look forward to because the world as they knew it has changed drastically. The person should regularly attend support groups, embrace a daily regimen of exercise and healthy eating, involve themselves in supportive therapy, maintain a relationship with their primary addiction treatment provider and speak to other recovering people several times a day. This supportive therapy is the approach of AA and Ala-non.

#### Alcohol Anonymous as a Treatment Program

Alcoholics Anonymous and the Recovering Alcoholic is an exploratory study by Alcoholics Anonymous as a treatment modality for alcoholism and has been widely accepted by both the public and mental health professionals. Evidence cited in this exploratory study of Alcoholics Anonymous membership among alcoholics in treatment demonstrated critical differences between Alcoholics Anonymous members and non-members. These differences are in areas related to the treatment of alcoholism. Alcoholics Anonymous members showed a greater degree of internal locus of control, greater expectations of the successful outcome of treatment and less existential anxiety as compared to non-members. Since these attributes are commonly encouraged in both the psychotherapeutic treatment of alcoholism and the 12-steps of Alcoholics Anonymous, the utilization of Alcoholics Anonymous as an adjunct to traditional therapy for alcoholism may reinforce important therapeutic goals. Here the group for Alcohol Anonymous begins with those who are willing to be part of it.

#### Alcoholics Anonymous organization

Alcoholics Anonymous has an informal control structure. There is no hierarchy of leaders. The guidelines for group conduct are outlined in the Twelve Traditions (below). A member who accepts a service position (an organizing role in a group) within the

society is referred to as a *trusted servant*, a reference to Tradition.<sup>61</sup>. This trusted servant is chosen to serve and not to govern and is rotational position for a limited period, typically three months to one year, after which another member is chosen by a group vote. Individual members and groups cannot be compelled to do anything by higher AA authorities at each meeting. Each group, whether small or large, is considered a self-governing entity.

The Twelve Steps of Alcoholics Anonymous<sup>62</sup>

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, *as we understood Him.*
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs
6. We are entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Make a list of all persons we had harmed, and became willing to make amends to them all.

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<sup>61</sup> Alcoholics Anonymous, Twelve Steps and Twelve Traditions (New York: Alcoholics Anonymous World Services, 2006), 10.

<sup>62</sup> AA, Twelve Steps, 5-8.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as *we understood Him (God)*, praying only for knowledge of His Will for us and the power to carry that out
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

These twelve steps will be very effective in the Zing community because it is biblically oriented and can be used anywhere around the world. The one area I find it to be problematic for the Zing district is Steps eight and nine. It will be difficult for someone who as a young alcoholic to ask for forgiveness from someone they have injured in some ways, or perhaps their loved ones, even if they were not aware of it. this will create more harm than good between the both youth and those she/he had hurt. The best thing for the alcholic is to forgive themselves and ask for forgiveness from God and their families. This would be more acceptable to everyone in this community than going with what the Steps says.

#### The Twelve Traditions

The Twelve Steps are accompanied by the Twelve Traditions, twelve guidelines for group governance and survival as developed by Alcoholics Anonymous through its early formation.<sup>63</sup> The Twelve Tradition of Alcoholics Anonymous are as follows:

1. Our common welfare should come first; personal recovery depends upon AA unity

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<sup>63</sup> AA, Big Book, 561.

2. For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose to carry its message to the alcoholic who still suffers
6. An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contribution.
8. Alcoholics Anonymous should remain forever non-professional, but our service center may employ special workers.
9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always to maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.<sup>64</sup>

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<sup>64</sup> AA, Twelve Steps, 9-13.

The Twelve Traditions is well written for the group, but for a community like Zing where most youths are students, the group will not be able to be self supportive. Therefore, the group will need a lot of support from other people and perhaps churches who may share the same vision.

I visited the Alcoholics Anonymous group for several weeks in Claremont. During the first session I introduced myself and told them why I was attending, that is, to see and have the experience of the group, in order to be acquainted with the group's activities.

Below is what the *trusted servant* (leader) told me about the group.

**Open Meeting:** As the term suggests, meetings of this type are open to alcoholics and their families and to anyone interested in solving a personal drinking problem or helping someone else to solve such a problem.

During the meeting there was a period for local AA announcements, and a treasurer passes the hat to settle costs of the meeting hall, literature, and incidental expenses. The meeting adjourns, often followed by informal visiting over coffee or other light refreshments. Generally, guests at AA open meetings are reminded that any opinions or interpretations they may hear are solely those of the speaker involved. All members are free to interpret the recovery program in their own terms, but none can speak for the local group or for AA as a whole.

**Closed Meeting:** These meetings are limited to alcoholics. They provide an opportunity for members to share with one another on problems related to drinking patterns and attempts to achieve stable sobriety. They also permit detailed discussion of various elements in the recovery program.

### Typical AA Meeting/ Other Activities Based on Personal Observation

Most members arrive early so they can get a cup of bad coffee. Then, come the readings for about 10 minutes of the same mind-numbing words you'll hear every week, followed by a prayer. Then, Self-introduction: you introduce yourself by giving your name and declaring that you are an alcoholic each time you wish to speak. This reinforces the idea that you really want a drink. You are expected to pepper your talk with the same thought-stopping slogans that everyone else uses and make frequent references to God. What comes next is the Big Book: People read a portion of the Big Book aloud, often poorly, you try not to laugh, then some experts (usually defined by length of time in the program) tells you what he thinks it means and everyone agrees.

Topic for the meeting: Everyone gets a chance to explain why he or she is grateful to Alcoholics Anonymous. People talk about how awful they were as alcoholics, then mention how happy, joyous, and free they are now after being saved by Alcoholics Anonymous. As people talk, a hat will be passed around for money contributions of either a \$1 or \$2 for the up-keep of the group. Then comes the closing.

The most common activity at an AA meeting is sharing experiences, as a person's recovery progresses, they will begin to think more clearly and will respond to their feelings in more appropriate ways. The longer a person is in continual recovery and follows their recovery plan, the greater their understanding of recovery becomes. The greater their understanding, the easier it is to accept what they must do in order to maintain that recovery.

### Contextualization of the Alcoholics Anonymous group's activities

As mentioned above, the Twelve Steps would not be a problem because it is religiously based which fits confirms to the Zing mentality. Most faith groups can identify with what the Steps are communicating, and they will understand the instructions. But the Zing group will experience a problem when it comes to financial contribution. The issue with financial contribution is not only because of poverty, but it would actually deter people attending. People in this community believe that whenever a group is set-up with a financial obligation, it may be that the leader of such group is doing this for her/his own benefit. Therefore, this recovery group will not think of asking for any kind of financial contribution. Second, the group will encourage that some kind of refreshment be brought by whoever is willing to provide for the group for every meeting. This will empower the participants to see the need to do things voluntarily without being forced to do what they don't want. Third, the stories in *The Book* are stories of individuals who were able to survive the disease of alcoholism. All the stories are people from the western culture which will have little or no impact for Africa where people are struggling with quite desperate social, economic and political issues. So for such illustrative cases to be effective for these young people, they need to write their own stories. For example, I will share my own story and that of my father. These two stories will help them understand how destructive alcoholism is and how hopeful it can be when one accepts intervention early. Practically speaking, this is something everyone can contribute to. Fourth, during group meetings Alcoholics Anonymous members introduce themselves as alcoholics after their names, for example, "My name is Eunice and I am an alcoholic." This shows that the alcoholic has accepted that she/he has an alcoholic problem and is powerless over

drinking. The youth in Zing will find difficulty in calling themselves “alcoholics” due to shame. It will take education and patience to get the young people to understand their powerlessness over the craving for alcohol. Fifth, is the need for every recovering member to get a sponsor, that is, someone who has had a history of alcoholism and is very experienced and trustworthy, to guide and encourage him or her during and after recovery. Since this is a new experience, there is need to adapt John Wesley’s model of the *Class Accountability Group*. In this group format people are accountable to each other. They pray, help and support one another and call upon each other for accountability.<sup>65</sup> The elders within the community will be asked to guide and encourage and become accountable to these youth. These are adaptations that upon first review will need to be made if the Alcoholic Anonymous recovery group is going to apply to the African concept.

#### Intervention in the Church through Worship

Ritual is another powerful means for healing, especially in the Zing community where people enjoy acceptance and a sense of worth in the church. Zing spirituality relates to the unique notion of communality and collective solidarity that the Zing society exhibits in all spheres of life. There is a profound sense of interdependence, from the extended family to the entire community. Truly, everybody is interrelated, including relations between the living and those who have departed. The strengths of Zing societal rituals of togetherness in general, on the contrary, have been neglected by the church tradition because when it comes to the performance of some rituals, they do not

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<sup>65</sup> John O. Gooch, John Wesley for the 21<sup>st</sup> Century: Set Apart for Social Witness (Nashville: Discipleship Resources, 2006), 11.

incorporate the whole community, and are not attentive to the needs of the entire community, including alcoholics. As Ramshaw asserts “ritual can indeed be formalist, distancing, insensitive to the specificity or pace of the individual’s needs, intent on enforcing a procrustean pattern.”<sup>66</sup> Based on what Ramshaw has mentioned, in relating her insights to the church in Zing, they do not incorporate, listen and understand and or pay attention to the needs of parishioners when organizing rituals during worship.

Clinebell says, “Worship at its best takes seriously all levels of the psyche. Because the deeper, nonverbal levels tend to be impoverished in our culture, worship should concentrate special attention on these levels through the use of symbolic and artistic expressions.”<sup>67</sup> The essence of ritual in every church is to bring people together so that, through such fellowship, edification and healing will happen and all would feel a sense of belonging. As Law claims, “liturgy is a prescribed format of words and interactions that create a sacred time and space in which the people of God may experience the Holy.”<sup>68</sup> This is very important, especially during worship and communion.

The idea of sacrament as a communal celebration of the embodied Word is a crucial outcome to the dimension of the spoken word arising out of it. The Communion is an important part of the identity of a gathered Christian community. Communion is an expression of a fundamental theological conviction that the most important aspect of worship is a celebration of God’s grace, not just in personal experience but in terms of God Himself. Communion celebration in the Zing church excludes most people because

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<sup>66</sup> Elaine Ramshaw, Ritual and Pastoral Care (Philadelphia: Fortress Press, 1987), 14.

<sup>67</sup> Clinebell, Mental Health Ministry, 63.

<sup>68</sup> Eric H. F. Law, The Wolf Shall Dwell with the Lamb: A Spirituality for Leadership in a Multicultural Community (St. Louis: Chalice Press, 1993), 100.

they are viewed as sinful, especially, alcohol addicts and others. Excluding them pushes them to where they experience acceptance and worth, in places like taverns, bars and other drinking places, but not at church. Eucharist is a means of grace for all. This is what prevents it from becoming just another ritual. There is a real sense in which worshippers receive God's grace by partaking in the elements of communion. This, of course, evokes a theological understanding that goes beyond communion being simply a memorial of Jesus' death, and affirms that in partaking in the Eucharist there is a genuine spiritual encounter in which we come into communion with God in submission as God's people. This suggests that, like the word, the table is an important part of spiritual vitality.

Alcoholics can receive pastoral caregiving in a ritual setting either in the church or outside. As Berry, asserts "the ideal of an unassuming service- unconditional, making no demands, abrogating all privilege- is frequently held up as a model of pastoral care to be emulated by individuals and by the church as a community".<sup>69</sup> Knowing the need to enact rituals without discrimination, brings healing, recognition, and respect for the people of God, alcoholics included. This give those in trouble, suffering and in pain an opportunity to view God as a friend who cares for the lonely, through the community of believers. That is the best way to view God. As Berry purports, "God as a friend conveys a strong sense of power in relationship. It implies equality, a mutual sharing. To think of God, as friend is to think of a God with whom we work and co-operate, a God to whom we give, and a God who provides us with an image of care rooted in our everyday sharing."<sup>70</sup> The church has an important responsibility in demonstrating non-moralistic

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<sup>69</sup> Jan Berry, "Liberating Worship: Pastoral Liturgy and the Empowering of Women," in Life Cycles: Women and Pastoral Care ed. Elaine Graham and Margaret Halsey (London: SPCK, 1993), 173.

<sup>70</sup> Berry, 175-76.

behavior towards the alcoholics and their families in order to have an effective intervention. As Clinebell believes, "healthy religion encourages a person to accept himself as he is, imperfect, finite, sinful and then to move ahead. Self-acceptance, based on God's acceptance, is the starting point of spiritual growth."<sup>71</sup> The alcoholic youth at Zing, when accepted by the church the way they are will enhance and strengthen the sense of trust, will stimulate inner freedom, encourage the acceptance of reality and build respect for both the emotional and intellectual level of their lives.

Of all the treatment models listed above I recommend the family and community program, because the Zing culture is communal oriented. This model brings the entire community together and gives them the responsibility to bring about the future of the community by helping the youth and their families to have hope through their support for recovery. The support group would encourage the need for sport, especially sports like soccer, volleyball and exercise with music as it is at the gym here in the United States. As for eating right, the Zing people grow a lot of fruits and vegetables. Therefore, encouraging the recovering youth to eat lot of vegetables and carbohydrate, this is what the community has and they will be encouraged to use what they have wisely and appropriately.

Overall, intervention cannot be effective without a safe atmosphere, care, encouragement, trust and love for the members of the community and of the alcoholic dependent. Therefore, it is the responsibility of the pastoral counselor to create such environment for these people. Emphasizing to them that the disease is not any member's fault nor the dependents', it is a blameless disease; only the disease is to blame.<sup>72</sup> A

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<sup>71</sup> Clinebell, Mental Health Ministry of the Local Church, 36.

<sup>72</sup> Wegscheider-Cruse, Another Chance, 175.

successful intervention gives hope for the family to redeem the joy, happiness, love and meaningful life that has been destroyed by the dangerous illness called alcoholism.

The next chapter presents a model to confront alcoholism through a curriculum designed for education, intervention and ultimately, rehabilitation.

## Chapter 5

### Intervention and Recovery: Confronting Alcoholism in Zing District

The preceding material has shown that alcoholism, as a disease is an endemic problem among the people of Zing. The use of alcohol has actually been ritualized within the culture and has diminished the hopes and health of young people. What can be done about this destructive situation is something the church is best suited to initiate. The objective of this project can only be carried out by a tangible and well-planned program that will reach pastors and youth leaders and, in turn, be extended to the youth themselves who are caught in the habitual use of alcohol and those who are not. The design of such a program is presented herewith.

#### The Design and Implementation of a Strategic Plan

Good health is the stage of being vigorous and free from bodily and mental disease. It is also, as relational beings, a stage of being at peace with self, others and God. Good health is the manifestation of a person's vital force being expressed by optimal functioning of all parts of the body and by a sense of general well being. Good health is being happy, because human beings are created to be happy and joyful in their everyday lives. The only way to be happy and joyous is to live in peace. Peace is the core of human happiness, because many illnesses are psychologically induced. Good health is being whole both in body, mind and spirit. The prophet Jeremiah says it is lack of peace that leads to all kinds of illnesses (Jer. 33:6). The more peace people have in themselves, the more it is reflected into the outer world and in all situations. Peace in this context needs to become the magical word for young people who are in constant conflict with themselves, others and God. So many lack the inner peace, because it has been destroyed by heavy alcohol consumption.

Therefore, what is peace?

Peace: is a word that is uttered almost as frequently as truth, beauty, and love. It may be just as elusive to define as these other virtues. Common synonyms for peace include amity, friendship, harmony, concord, tranquility, repose, quiescence, truce, pacification, and neutrality. Likewise, the peacemaker is the pacifier, mediator, intermediary, and intercessor. While some of these descriptions are appropriate, they are still quite limited in describing both the nature of peace and the role of the peacemaker. Any attempt to articulate the nature of peace and peacemaking, therefore, must address those conditions that are favorable to their emergence. Freedom, human rights, wholeness and justice are among such prerequisites. Also included are proactive strategies such as conflict resolution, nonviolent action, community building, and democratization of authority. The peace process additionally must acknowledge and contend with its alternative, self-violence, because of the high value status of violence. For example, alcoholism and other drugs have brought out the worst kind of behavior in youth.

### Training for Pastors and Youth Leaders

The lack of information and knowledge about alcoholism and its destructive effects on individuals has led to the death of many young leaders in the Zing community. As the prophet Hosea says, "My people are destroyed for lack of knowledge." (Hosea 4:6a American Standard Version) Education is power and life, the power that enables one to achieve the goals that may bring success. This success when achieved brings the opportunity that enables individuals to make important choices that lead to a healthy and better life. Education helps individuals make full use of their capabilities, and aims at high standards of achievement.

Protecting young people and keeping them safe from the harm of alcoholism is the goal of this reality-based alcohol education program. The aim is to provide accurate, truthful and unbiased information about alcohol and its consumption to pastors and youth leaders. This will help them teach both non-alcoholic and alcoholic youth to better distinguish between a healthy life and an alcohol-destroyed life. This can only be done through education, intervention, recovery and prevention.

As a pastor in the United Methodist Church in Nigeria, I intend to use the Zing District office to invite pastors for an education and awareness workshop on alcoholism over a seven-week period. This training workshop will be held Thursday through Saturday, two hours per day, focusing on education and awareness, intervention, recovery and prevention regarding alcoholism. The workshop will be interactive, reflective, with playlets or dramas and spiritual exercises (devotions/rituals) during opening and closing on the topics for the week.

The purpose of the training will be to provide education and awareness on what alcoholism is and its effects on youth, families, the church and society. In addition, it will emphasize the need to view alcoholism as a disease and not simply as human weakness. Furthermore, the project will discuss various treatment modalities available in the management of youth with alcohol dependence. This can be done by incorporating the awareness and skills to assist youth who are suffering the effects of alcoholism. By examining their own ideas and opinions, and by listening to the youth, this process will help to suggest a plan for addressing the causes of alcoholism and show how the church can help in reducing the rampant abuse of alcohol by youth. Also, the project will adopt

and contextualize the Twelve Steps of Alcoholics Anonymous in order to form recovery groups in Zing.

Following is the curriculum designed for the training workshop for pastors and youth leaders of the Zing District of the United Methodist Church in Nigeria.

### Objectives

At the end of the seven weeks training on alcoholism, pastors and youth leaders should be able to explore, have knowledge about and understand the destructive effects of excessive drinking and the impact it has on youth, their families and the entire community. Also, this training will open the eyes of the Zing district pastors and youth leaders to see the need to help young alcoholics to accept intervention, hope for sobriety, and a healthy and peaceful future. More precisely, the training should explore the Epidemiology of alcohol, youth and alcoholism, family and alcoholism and alcoholism prevention.

### Resources

Two videos: One on alcoholic youth and the other on non-alcoholic youth  
The participants will watch a video dealing with the destructive effects of alcohol consumption in homes, and communities around the world, and the alcohol/drug free youth. This will help them talk about the differences between the two groups. Included also, will be discussion on pictures of alcoholics involved in hooliganism and other tragic effects of alcoholism.

## The Curriculum

The following topics are suggested for each week.

### Week 1: Epidemiology of the Alcohol Problem

#### Introduction

According to *Webster's New twentieth Century dictionary*, Epidemiology is concerned with the investigation of the cause and control of an epidemic disease among people.

Therefore, in the context of this study, Epidemiology will be looking at:

- Patterns of alcohol use, abuse and alcoholism.
- The developmental lessons of the alcohol problem within the community.

The week training focuses on the knowledge concerning the definition and description of alcohol use, abuse and alcoholism. The recognition of diversity in patterns of alcohol use, abuse, and dependence as contributing factors to the ill health, high mortality rate among the youth will be dealt with.

#### The Learning Objective

To help participants understand and discuss their knowledge about the difference between alcohol abuse and alcoholism.

By the end of the training, pastors and youth leaders should be able to:

- A. Define and describe alcohol use, abuse and alcoholism.
- B. Recognize and understand those who are suffering from the illness of alcoholism.
- C. Become familiar with the consequences of alcohol use, abuse and alcoholism.
- D. Recognize the signs and symptoms of alcoholism
- E. Create wholeness and peace in young people

### What is Alcohol Use?

Throughout the history of Zing district, alcoholic beverages have played a major role in people's lives. Alcohol in the Zing community has been consumed during special occasions, that is, wedding and naming ceremonies, as a very strong means for socialization. It is also used with local herbs for medication and for religious purposes.

While most individuals who drink alcoholic beverages do not develop problems or become alcoholics, many youth do develop high rate of alcohol problems and this problem not only affects these youth, but also their families, the church and the entire community. Therefore, an epidemiological approach is essential to pastors and youth leaders, because this understanding will aid their search for causality. Epidemiology provides pastors and youth leaders with knowledge and information for use in education, intervention, recovery and prevention programs. These pastors and youth leaders (epidemiologist) who study alcohol use would then be able to address: (a) drinking patterns, (b) alcohol abuse, (c) alcohol related problems and alcoholism.

Alcohol use or alcohol-related problems in the Zing district is based on the amount of the substance used. Most youth in Zing spend much of their time in drinking places where they tend to drink heavily in one sitting. For example, according to the World Health Organization Global Status Report on Alcohol in 2004, the estimated total alcohol consumption per resident aged fifteen and older in liters of absolute alcohol is 5.3 in a week. Also, youth who are heavy episodic drinkers between the ages of fifteen through nineteen was 1.2%, that means, the rate of consumption at least once a week is six or

more standard drinks in one sitting.<sup>1</sup> This helps the pastors and youth leaders understand the rate of drinking among youth and how this pattern of drinking causes so much harm in their lives.

#### What is Alcohol Abuse?

Alcohol abuse is a pattern of drinking where by the drinker continues drinking despite the adverse effects on health, family, school and personal relationships. This type of drinking is accompanied by one or more of the following problems: (1) the spread and contraction of HIV/AIDS, (2) Cirrhosis of the Liver, (3) failure to fulfill major work, school, or home responsibilities because of drinking; (4) drinking in situations that are physically dangerous, such as while driving under the influence; (5) recurring alcohol-related legal problems, such as being arrested for physically hurting someone while drunk; and (6) having social or relationship problems that are caused by and are worsened by the effects of alcohol, incest, rapes, domestic violence, etc. Youth often fit well into this category, but move from this pattern of drinking into more advanced alcoholism within several months.<sup>2</sup>

#### What is Alcoholism?

It is known as alcohol dependence. Is a progressive, chronic, pathological disease characterized by a physical adaptation to, excessive craving of, and physical dependence on the substance in spite of obvious physical, mental, and social problems caused by alcohol. The basic elements of alcoholism are: (1) craving (feeling a strong need, desire,

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<sup>1</sup> World Health Organization, African Region Department of Mental Health and Substance Abuse, "Global Status Report," Geneva 2004.

<sup>2</sup> Stephanie Brown, "A Developmental Model of Alcoholism and Recovery," Treating Alcoholism, ed. Stephanie Brown and Irvin D. Yalom, (San Francisco: Jossey-Bass Publishers, 1995), 30.

or urge to drink despite negative consequences), (2) loss of control (inability to stop drinking once begun), (3) tolerance (needing increased amounts of alcohol in order to feel drunk or get high); and (4) withdrawal symptoms in the absence of alcohol consumption or the need to drink substantially large amounts despite continued alcoholic-related problems (symptoms associated with alcohol withdrawal are: nausea, sweating, shakiness, and anxiety). Alcoholism is responsible for the major leading cause of preventable deaths associated with violence and motor vehicle accidents. Also, it strains personal relationships and may affect one's ability to hold a job. In addition, alcoholism results in serious health problems, including damage to the liver and brain and eventually even death.

Symptoms of alcoholism. Early signs of alcoholism includes frequent intoxication, an established pattern of heavy drinking and drinking in dangerous situations, such as drinking when driving, not wanting to be in school and failure to do school homework. Other early signs of alcoholism include blackouts when drinking or a drastic change in demeanor while drinking, such as consistently becoming angry or violent. In addition, there is preoccupation with using the alcoholic beverage, increased tolerance, emotional and social isolation, ethical deterioration and endangerment to self or others.

How to diagnose a person with alcoholism. Diagnosing alcoholism can be tricky, since the diagnosis depends on the victims' willingness to honestly answer a series of questions about his or her drinking patterns and attitudes. Generally, a common symptom of alcoholism is denial. An old adage about alcoholism is that it is "the only disease that denies it exists and resists treatment." If a drunkard is not willing to be honest about her/his drinking habits, it is difficult, if not impossible, to accurately diagnose alcohol

abuse and an alcohol-dependent person, let alone seek after help.

How family and friends see alcohol use, abuse and alcoholism as a problem. Long before drinking problems are diagnosed in a healthcare setting, they are usually recognized by the friends and family of the drinker. Those close to the drinker see someone continuing to drink in spite of all the problems it causes in their lives, and they correctly diagnose that the person has a drinking problem. The friends and family members may try to talk to the drinker about the problem and encourage him/her to get help, but again, denial comes into play.

### Classroom Activities

The participants would be in small groups consisting of five people to discuss the following questions for twenty to thirty minutes.

- Discuss the effect of alcoholic problems on families and friends and the reaction of such families and friends to them.
- How is alcohol used and abused in the Zing community, especially among the youth?
- What are the areas you already know about the problem for youth with alcohol abuse and or alcoholism?
- How does alcohol abuse affect the developmental growth of the Zing youth?
- What roles would pastors and youth leaders play in the lives of youth with alcohol problem?
- How would pastors and youth leaders work closely with families to help identify youth who use and abuse alcohol?

All responses would be written and presented to the participants. Each group is given fifteen to twenty minutes for the presentation.

## Week 2: Alcoholism as a Disease

### Introduction

Alcoholism as a disease became an issue of debate throughout the Eighteenth Century among scholars. Not until the coming of the Alcoholic Anonymous when it began to operate on the explicit conception of alcoholism as illness, did the sickness ideas spread among professionals and the entire public. Young alcoholics are not sick prior to drinking, but they become alcoholics due to genetic and unresolved problems in their lives which makes them sick and leads to them into alcoholism. This makes them feeling rarely responsible for the illness. Once they become alcoholic, they lose control over the substance. Therefore, the acceptance of this idea of alcoholism as a disease by the Zing community will enhance the acceptance, love, help and support to young alcoholics and their families. This topic fits in with the participants because they are leaders who can help bring about change in a community that has only believed in the sinfulness and weaknesses of alcoholism

### Learning Objectives

By the end of this weeks lesson, both pastors and youth leaders should be able to:

- A. Recognize that alcoholism is not spiritual weakness
- B. Understand that alcoholics have no power to stop drinking by themselves
- C. Accept alcoholics and their families with love, and support the idea of helping them recover from the illness of alcoholism

### Is Alcoholism a Disease?

Alcoholism has been recognized for many years by professional medical organizations as a primary, chronic, progressive and sometimes fatal disease. Alcoholism is a chronic, often progressive disease with symptoms that include a strong need to drink despite negative consequences, such as serious job or health problems. Like many other diseases, it has a generally predictable course, has recognized symptoms, and is influenced by both genetic and environmental factors that are being increasingly well defined.

Alcoholism as a progressive disease. Alcoholism is a progressive disease. In its early stages, taking one or two drinks may be all it takes to satisfy the desire to drink. But soon it takes six or seven and later maybe ten or twelve before the drinker has had enough. Somewhere down the road, the only time the craving stops is when the victim passes out. The progression of the disease is so subtle and usually takes place over such an extended period of time, that even the alcoholic him/herself fails to notice the point at which she/he has lost control and alcohol has taken over her/his life.

### Classroom Activities

The participants will talk about some diseases in Nigeria that are life threatening, of which alcoholism is one. (For example, diseases like HIV/AIDS, Tuberculosis and Malaria etc.)

Watch a video for fifteen minutes

The participants would be in small groups consisting of five people to discuss the following questions for twenty to thirty minutes

Discussion questions

- Discusses ways pastors and youth leaders can help in disseminating information about the illness of alcoholism among the Zing inhabitants.

- What are ways youth contract alcohol abuse and or alcoholism?
- Discuss with examples how you have tried to talk or help an alcoholic to stop drinking and the person couldn't stop.
- How can the church help these sick people?

All responses would be written and presented to the participants. Each group is given fifteen to twenty minutes for the presentation.

### Week 3: Alcohol Use in Both the Hebrew Bible and New Testament

#### Introduction

The Bible speaks to us and we speak to it as well. When we come to the Bible for serious study, we bring ourselves to it; our current thoughts and feelings, our specific backgrounds and prejudices, and our own special questions. As we study the Bible we converse with it. Awareness of what we bring to the discussion helps us distinguish more accurately what we are saying from what the Bible is saying. Therefore exploring alcohol abuse and alcoholism from the Biblical perspective is very important, and it helps both the pastors and youth leaders to see the Scriptures in a different way rather than the usual literal way. For the effectiveness of this training, the critical reflection model would be used. This would help participants to identify the deeper meaning in the biblical passages and it will keep them from succumbing to the temptations to recreate the Bible in their own image. We will explore some passages in both the Hebrew Bible and the New Testament as they relate to each other in terms of some fundamental attitudes towards alcohol. For example, St. Paul, in the spirit of the Hebrew Bible, unequivocally condemns drunkenness while allowing for the consumption of wine in moderate amounts. Nevertheless, there are significant differences in emphasis between the two documents.

Wine is referred to as God's gift in six of the books of the Hebrew Bible, and no such description is offered in the New Testament. Total abstention seems acceptable under exceptional circumstances in the Hebrew Bible, while it is implicitly extolled through the exemplary role of John the Baptist in the New Testament. Finally, penalties for drunkards, including loss of salvation, are proportionally more frequent and comprehensive in the New Testament.

#### Learning Objectives

By the end of this week's training, participants should be able to:

- A. Recognize what the Bible says about alcohol use, abuse and alcoholism
- B. Have the knowledge of applying the scriptural passages to their lives
- C. Understand how to answer most of the questions that youth have about drinking from the Biblical perspectives.

#### Materials Needed

Bibles of different translation, Bible commentaries, concordances, exercise books and pens.

The commentaries provide social, historical, religious and cultural background which will help participants to understand things which are different in the Biblical times. Also, it helps to understand the questions the passage was seeking to address originally.

Concordances list every place in the Bible where a given word appears. Often reading other places where the words appear gives deeper understanding of the passage.

### Bible Study Outline

In this week, the focus will be a Bible Study on Genesis 9: 18-27, Proverbs 23:29-35 and Matthew 27:34, 1 Peter 1:6, 4:7; Galatians 5:23.

#### Prayer

Three youth will read a few verses each including the surrounding context. They will repeat the reading carefully, so that all participants will note the flow of the text, and outline it.

The participant will be asked to write down words that seems significant or which raise questions for them, and decide what the points are.

They will be requested to ask questions of the text, especially things and words that seem out of place, areas that are not clear, and issues that are contradictory

The participants should identify sections which raise questions that lead to areas that need further exploration.

They would determine the context of the passage, what is the section before or after; is the passage part of a longer passage, or is it isolated?

The Genesis 9: 18-27, is one of the first recorded cases of alcohol abuse. Noah's overindulgence as exposed, how his drunkenness was pictured, and the immorality involved.

#### Classroom Activities and Exercises

The participants would be in small groups consisting of five people to discuss the following questions for twenty to thirty minutes.

- Discuss and react to Noah's behaviors and relate it to your present life situations.

- How can we relate this type of situation to the present day situations, especially youth and alcoholic families?
- Rewrite the text in your own words.

### Personal Reflections

- What is the author's main point in this passage?
- What new light do I find in this particular reading of this passage?
- Is this passage true to my experience?
- What are the implications of this passage for my life?
- What problems do I have with this passage?

All responses would be written and presented to the participants. Each group is given fifteen to twenty minutes for the presentation.

### Week 4: Alcoholism and Christian Responsibility

#### Introduction

Christianity is a religion that is based upon the teaching, love, caring and miracle of Jesus. Christianity teaches salvation by grace. This means that no one is righteous before God by her/his own effort, sincerity and or works. Instead, Christians are made right before God by faith in what Christ did on the Cross. Jesus paid the price by dying on the cross for the sin of the world. Therefore, all alcoholics are a part to this free grace offered to all. Just as any one else the young alcoholics need help, love and support, and it is the church's responsibility to offer such solutions to them.

#### Learning Objectives

By the end of this week's training, the participant should be able to:

- A. Understand what pastors preach from their pulpits on the subject of drinking determining to a large extent the stand Christians take toward alcoholic beverages.
- B. Be aware that the majority of young drinkers are churchgoers who have been taught to abstain totally from the use of alcoholic beverages.
- C. Understand the effect of alcohol abuse and alcoholism on spirituality and faith formation among youth.
- D. Gain knowledge on how to communicate and sustain appropriate levels of concern, hope and caring to young alcoholics
- E. Increase awareness about how to give spiritual care to youth and families who are affected with the disease of alcoholism.

Christian churches bear considerable responsibility to care for the alcohol epidemic raging in Nigeria today, because through our beliefs, teaching and preaching we are able to influence the moral values and practices of society more than any other institution. In some of these ways the church has condemned alcoholics, which has created a wide gap between these young alcoholics and the church. They feel unworthy to be among people who claim they are more righteous than they. So, in order to find fulfillment and feel a sense of belonging, they prefer to be in taverns and bars where they can drink to relax, deal with increasing life stresses and regulate the internal moods, and be among their alcoholic friends. Little did the church know that this attitude impacts youth spiritual growth and development. True spirituality resides in the reality of God, centered in the core of the self, realized in relationships, is celebrated in community and rooted in reconciliation. Fully realized spirituality includes all these realities. Whenever these components of spirituality are affected negatively by alcohol abuse and alcoholism, it

negates spiritual growth and awareness. As a result, this brings about hypocrisy, isolation and shame among young alcoholics.

### Stigma

Stigma is one of the biggest problems that young alcoholic, their families and or even children of alcoholic encounter within the Christian community in Zing district. They are viewed as sinners and spiritually weak, and as such they do not deserve to be helped or listened to. Stigma contributes to the damaging alcoholic behavior.

- (1) Stigma leads to shame
- (2) Shame leads to social withdrawal
- (3) Withdrawal leads to isolation
- (4) Isolation leads to more alcohol and denial of reality, which can ultimately leads to death.

The church is in a better position to remove such vicious attitudes from those of the among Christian community, and in turn help alcoholics at a very early stage of alcoholism for both the afflicted youth and the impacted family members. The way to this help is by expressing love, acceptance and support to those persons who are seeking help to recover their lives, and relationships, as well as their faith in God and themselves.

### Classroom Activities and Exercises

Watch a video for fifteen minutes

The participants would be in small groups consisting of five people to discuss the following questions for twenty to thirty minutes.

- Discuss how alcoholics and their families will be listened to and helped without pastors being judgmental.

- Discuss and explore some of the ways the church has succeeded in its model of total abstinence and how, in other ways, it did not, and what are alternatives we can use to help reduce the destructive effects of alcoholism and or alcohol abuse among the Zing youth.
- What role will religious leaders play to help young alcoholics talk about the alcohol problem in the church?
- How can one address the problem of alcohol abuse and alcoholism with compassion?
- How can the church help alcoholics feel a sense of belonging?

### Week 5: Alcoholism and Young People:

#### Introduction

Several problems lead to the studying of how youth misuse alcohol. Most youth who are alcoholics become adult alcoholics. Therefore, as pastors and youth leaders it is our responsibility to offer hope, and protect young people from the negative health and welfare consequences of drinking. Being in the stage of youthfulness is also being in the early stage of adulthood. Therefore, it is a period of the life cycle when individuals are managing many complex developmental tasks. These involve significant changes in biological, physical, social, psychological, emotional, and community-related domains. To be able to understand these changes carries very challenging demands, which often come with lifelong consequences. In addition, the youth-stage is a period when youth begin to engage in high-risk behaviors. It is the time that they may be experimenting with sexual activity, criminal and or delinquent acts and driving vehicles. So, combining these risky behaviors with the effects of alcohol can increase the youths' vulnerability to ill health and irreversible consequences. Therefore, it is important to address the problem of

youth and alcohol in order to help them understand the dangers and give them better choices for their future.

This week will address alcoholism and young people in the Zing District. This training examines the social context of respondents' drinking behaviors and the meanings which they attach to their actions.

### Learning Objective

By the end of this training, the participant should be able to:

- A. Recognize the significance and important of youth and alcohol consumption
- B. Discuss the risks and vulnerability of youth with regards to alcoholism

The youth constitute the majority in both the church and society. As mentioned earlier, most of these youth who drink alcohol develop alcohol problem and will later become alcoholics. Since drinking among the youth in Zing district is very prevalent, it is easy to identify those who drink. Most of these youth started out by binge drinking, the drink in social situations and then become heavy drinkers. Many youth demonstrate alcohol tolerance, which reflects primarily psychological and social responses. Most them drink up to five or more drinks at a sitting. This is very high amount, and very harmful for a young persons lives.

### What Are the Risk Factors for Alcoholism among Youth?

"Risk factor" is a term that is used widely to describe the factors that leads to alcohol abuse and/or alcoholism. These are: the risk that occurs temporarily prior to the onset of the alcohol use problem. This risk should be accurately understood in order to know how young people indulge in alcohol abuse and alcoholism.

There are three categories of risk factors that lead youth behavior to alcohol abuse and or alcoholism: (i) personality, (ii) social and interpersonal and (iii) cultural.

Personality factors. Physiological (genetic pre-disposition, alcohol sensitivity etc.) Learning difficulties and school failure, temperament/personality trait (negative mood state, social withdrawal); impulsiveness, aggressiveness, emotional distress, low self-esteem, poor coping skills, deficient social interaction skills, alcohol-specific self-efficacy, low degree of commitment to school, work and /or religion, little interest in success or achievement, attitudes favorable to alcohol use, early onset of alcohol use and belief that alcohol use is normative. The personality risk factor represents physiological and psychological factors within the person, such as current and past attitudes and beliefs, personal and temperament traits, and abilities and disabilities

Social and interpersonal factors. Family use of alcohol and attitudes, poor and inconsistent family management practice, limited or lack of parenting, family conflict, peer rejection, association with alcohol-involved peers, home strain and parent divorce or separation. These factors reflect social influences deriving from interactions with parents, siblings and peers. Whenever there are deficiencies in these areas, it puts youth into the risk of alcohol abuse and or alcoholism. Peer groups are the leading forces in this factor.

Cultural factors. The Zing norms favor alcohol use. There is the availability of alcohol in every corner, and extreme economic deprivation (poverty) increase alcohol consumption among youth. Drinking as a means for socialization is very important among the young people of Zing. The youth see this and have adopted it as the easiest way to socialize. The Zing community has put many youth into high risk due to the normalcy of drinking, the availability of alcohol in most places and the lack of

employment for youth, which leads to poverty. Lack of jobs pushes youth to spend too much of their time in drinking places due to frustration and depression. Culture has a powerful influence on alcohol-related behaviors, as well as on the belief system about alcohol among youth.

### Classroom Activities and Exercises

For more and a better understanding of cultural risks factors the participants would explore some of the drinking environment issues which include: street corners, local parks, pubs, clubs, and friends' homes.

Participants will discuss four main reasons for drinking alcohol: peer influence/pressure, social facilitation, mood alteration, and coping with personal difficulties/or to relieve stress.

The participants would be in small groups consisting of five people to discuss the following questions for twenty to thirty minutes.

- How does the availability of alcohol create risks for youth in the Zing district; and will the pastors and youth leaders play a role in reducing such risk?
- How does the media, both Television and radio's commercials on alcohol drinking, put the Zing youth at risk of alcohol abuse and alcoholism; and what do you suggest as the solution such commercials?
- Discuss ways in which the pastors' role as spiritual leaders will interfere with their effectiveness in working with youth alcoholics.
- Discuss the ethical and spiritual issues that arise in pastoral work practice with alcohol abuser and alcoholics.

After the allocated time each group will present their findings to the entire class for fifteen minutes.

### Week 6: Alcoholism and Family

#### Introduction

In order to be effective in helping youth who are suffering from alcohol abuse and alcoholism, pastors and youth leaders need to understand and examine these youths' physical, emotional, psychological, historical, and social contexts. One of the most powerful and influential social contexts in a person's lifespan is the family system and subsystems that operate at any given point in time. The family not only influences the developmental course of alcohol-use problems, but the alcohol problem of such youth influences the whole family's functioning and the developmental outcomes of every member. Both family biology and dynamics contribute to a youth's risk and vulnerability for alcohol use problems, as well as providing protection and recovery.

The purpose of this training is to provide participants with information concerning the role that the family system plays in alcohol abuse and alcoholism in the lives of young people.

#### Learning Objectives

By the end of this week participants should be able to:

- A. Recognize a family systems perspective of alcohol-use problems among youth
- B. Be familiar with family factors that increase or reduce risk of developing an alcohol-use problem
- C. Be familiar with family problems that may result from an alcohol use.

## Background

According to the WHO African Region Global Report on Alcohol in 2004, of the 124,009 000 population of Nigerian, 58. 9% are heavy drinkers those who take five or more drinks in one sitting at lease once a month. These people are between the ages of sixteen to sixty-four and were identified as alcohol abusers. Zing is included among this population. Children under the age of eighteen are exposed to the effects of alcohol abuse and/or alcoholism. This shows how dangerous alcohol is to the health of youth and how significant the implications are for the child's well-being and development. Most scholars agree that children of alcoholics are at greater risk for developing alcoholism than others. Problems with alcohol have been associated with a number of different family factors, including parental alcohol abuse and/or alcoholism, alcohol-use by siblings, family values and attitudes about alcohol-use, family dynamics and rational patterns, and interactions effects with biological/genetic factors.

## Family System in Zing District

The family system this context involves individuals living together and related to one another through blood or extended family. It is patriarchal, whereby the father or the husband becomes the head of the family. The wife or the mother and children are subjects to the head of the household. Also, the family unit can either be polygamous or monogamous, depending on how obedient the male is to faith or religion. Both indigenous religion and Islam encourages multiple wives, while Christianity teaches and encourages monogamy.

(a) Family as a unit: among the Zing district, the family holds a very significant position in the lives of everyone. It is the first agent of socialization. The family unit transmits its

core values, beliefs, norms and ideology to the children. Therefore, what influences the individual's life comes from her/his family. Family members affect the system as a whole and the system affects individual members. The family is the backbone of the individual's survival within the community.

(b) Changes in any part of the system affect the entire system: whenever there is a change in the life of an individual family member, changes in interaction, conflict between members, new born, moves or deaths, the changes reverberate throughout the system.

(c) Subsystem, extended family: such subsystem includes parents, grandparents, great-grandparents, uncles, aunties, nieces and nephews and cousins. All members are equally important to the other. Their character and nature are shaped by the overall culture of the entire system. Interactions at the level of the subsystem may impact other family members as well both directly and indirectly.

(d) Family as a community: families are nested in, are shaped by, and interact with the entire community that affect and are affected by family system processes. Thus, the family system is subject to events that occur within the community, that is, events like ceremonies, deaths, decisions for children, disciplines for disobedience, and celebrations for successes and achievements. The most interesting thing about this system is that, this system is more powerful than the family unit itself. They have the final say when it comes to what to do about certain issues that affect family members, women and children.

The Influence of the Family on the Development of Alcohol Abuse and  
Alcoholism

The family has a very important role in influencing youth's alcoholic problem:

1. Genetic. Researchers believe that the genetic factor has a great effect an youth alcohol dependency. Children born by an alcoholic parent have greater chance of becoming alcoholics. In other words, genetic factors interact with other biological and environmental context factors to produce the outcome of alcohol problem. Genetic factor can explain the youth's vulnerability to the alcohol-use problem, while environment and other biological factors contribute to their surfacing.

2. Parenting factors. Parenting appears to be linked to youths' alcohol problems. For example, lack of parental emotional support, negative comments on youth, that is, verbal abuse. A parent's lack of control and monitoring of child's behavior, such as drinking and early sexual activity enhances their drinking problem. Also, the lack of availability of parents in times of the needs of their children brings worries and frustrations. This forces them to be at a drinking place where they can numb their pain with alcohol. In addition, many parents provide a history of key antecedents and consequences for youth alcohol abuse and alcoholism. For example, many youth cite family arguments, fighting, poor family communication, inadequate family problem-solving, and nagging at home as antecedents for their heavy drinking episodes. Furthermore, family functioning factors foster the development of alcoholic problem among youth. For example, children living with alcoholic parents have easy access to alcohol. They start drinking at a very early age because they see their parents' drinking behavior. Alcoholic parents present youth with a set of norms that tolerate heavy drinking, as well as an absence of parental monitoring for drinking and other potentially harmful behaviors. Children of alcoholic parents frequently experience chaotic parenting and poor quality home environment during their significant developmental periods. These

youth are exposed to high levels of family conflict as well. These youth, because they are brought-up by alcoholic parents, are at a higher risk of developing alcoholic problem of their own, and have higher rates of other challenges than do children of non-alcohol impaired parents. They may have behavioral and school difficulties, including negative self-concepts, fearfulness, loneliness, difficulties in concentrating, attendance, work completion and lots of stress. Additionally, their basic needs are erratically met, such as sleep, food, hygiene and supervision.

#### Classroom Activities and exercises

The participants would be in small groups consisting of five people to discuss the following questions for twenty to thirty minutes.

- Discuss the family unit, subsystems and the community, its meaning to you. How does it affect the lives of youth both passively and negatively?
- How would the pastor as a religious leader help in the family system in order to change the negative impacts on youth?
- How can Pastors empower children to talk about their alcoholic parent?
- How can the community offer support to youth during their transitional periods from childhood to adulthood?

After the allocated time each group will present its findings to the entire class for fifteen minutes

#### Week 7: Alcoholism and Prevention

##### Introduction

This week's lesson focuses on the role pastors and youth leaders play in the prevention of alcohol abuse and alcoholism. There is always a story that points to the distinction between treatment and prevention efforts:

#### True Story

Three pastors and several youth were standing by the riverbank when the body of a seventeen year-old youth was pulled out of a flooded river. The youth had passed out and drowned. When trying to prepare for the burial, additional news came that another youth was very sick in the hospital due to cirrhosis of the liver. The doctor had warned both the patient and his family that if he does not stop drinking he would die in a few months. One of the pastors decided that he needed to go see the patient at the hospital, while others said to him, "What are you thinking, we need to do this together first." One of the pastors started to walk by the riverside thinking and asking, "How did this young person fall into the river in the first place."

The person pulled out of the river needs to be buried immediately and the family needed support (emotional treatment), likewise the patient at the hospital needed urgent attention (treatment) However, if the young man who drowned had never fallen into the river, or if others could be stopped from falling (prevention), there would be less need for treatment, as is the case with the other young person at the hospital.

#### Learning Objective

This week's exercise explores ways that pastors and youth leaders can offer preventive measures as to how alcoholic disorders could be prevented among the youth of Zing district.

By the end of the training, participants should be able to:

- A. Recognize and understand the preventive measures of alcohol abuse and alcoholism among youth
- B. Become familiar with some practical alcohol based use disorders and preventive programs.

Prevention in this context refers to the actions taken by pastors and youth leaders to minimize and/or eliminate emotional, social, environmental and personal conditions that contribute to the alcohol abuse and alcoholism and then establishing or suggesting ways to enhance the opportunity for youth, families and the entire community to achieve positive results. Pastors and youth leaders will seek to help young people to find fulfillment, hope and wholeness life in order to enjoy their relationship with God and with others. Therefore, this week of training will contain some valuable goals.

This preventive method focuses on young people who are at risk of developing problems of alcohol abuse or becoming alcoholics. It is primarily the promotion of a healthy life, eliminating or reducing alcohol abuse and/or alcoholism and its consequences through community efforts. This would be done through awareness, altering the environment and changing the social structure and norms. The central idea in the approach that is the more risk and vulnerability factors youth experience within the Zing district, the more they will experience substance abuse or alcoholic problems. It is important, however, to note that not all individuals who grow up in a high-risk environment develop alcoholic problems. Some youth in this kind of unstable environment emerge relatively free from alcohol. Youth who have this kind of grace have some protective or positive characteristics and circumstance in their lives that reduce or prevent the problem from developing (for

example, having caring, loving, supportive, good communicating and behavior-monitoring parents).

### Preventive Strategies

For effective prevention, there is the need to increase the protective factors as mentioned above, and to decrease the high risk factors.

The following are the protective factors identified that need strengthening:

The youth. Help build social and personal skills (teaching the skills to cope with the developmental influences during adolescence such as problem solving, decision-making, self-awareness, effective communication, assertiveness, and stress reduction). Provide culturally competent, positive alternatives to help young people in high-risk environments to develop personal and social skills in a natural and effective way.

Recognize the relationships that exist between substance use and a variety of other youth health and mental problems (HIV/AIDS, STD, etc)

The family. Target the family system, help develop love and connection among parents by finding ways to bring them together. For example, a love feasts where the parent prepares meals with the help of the children and they eat together.

Offer sessions where parent and youth learn and practice new skills.

Train parents to both listen and interact appropriately and effectively (need a role-play for a better understanding).

The Peer. Communicate peer norms against the use of alcohol and incorporate social and personal skill-building opportunities, and learning and practicing skills to resist peer pressure.

The community. Include elders and representatives from other faiths and organizations that play a role in fulfilling coalition objectives, retain active coalition members by providing meaningful rewards, organize community alcohol-free events and support a wide continuum of preventive activities.

The lives of the Zing district lies in the hands of its community. Therefore, all have a role to play in bringing change and transformation to these young people. The focus on prevention of conditions that contribute to alcohol problems before the problems develop or become worse is the core of the section this training.

#### Classroom Activities and Exercises

The participants would be in small groups consisting of five people to share and discuss the following questions for twenty to thirty minutes;

- Brainstorm on a number of ways alcohol abuse and alcoholism can be prevented among youth.
- What are the barriers to developing such ways or strategies?
- What are the solutions to overcome these barriers?
- How can the community as a whole integrate a comprehensive array of approaches into an effective prevention plan?
- How can we, as pastors and youth leaders, convince the youth, families and community to invest in prevention?

After the allocated time each group will present their findings to the entire class for fifteen minutes

The participants would be given a twenty-minute break to prepare for the closing worship.

## Closing Worship

The section will focus on worship. This gives more meaning to the training received and special moment to lift-up the youth who have died and those who are suffering with the illness of alcohol addiction in prayers. Worship is the opportunity to seek the face of God in this project that the Zing district is embarking upon.

### **Call to worship**

We are gathered here to remember our youth who have died as a result of accidents, liver cirrhosis, suicide, rape etc, and those who are suffering with this dangerous disease called alcoholism. As we all know it is not the will of God for any evil or illness to befall upon any one, especially, the youth, for these youth are the leaders of tomorrow and the future of this community.

“I am the resurrection and life,” said the Lord; “whoever believes in me” even if she/he dies shall live; and “whoever lives and believes in me shall never die” (Jn 11:25, 26).

### **Let us pray**

*Stand, as you are able*

Pastor           For all the youth who went before us, who have spoken to our heart and touch us with their lives

Unison          We Praise You O God.

Pastor          For all the youth who lived beside us, whose suffering, weaknesses and strengths are woven with our own.

Unison          We Praise You O God.

Pastor          For all the youth who are yet to be born and who challenge us to change the world for them.

Unison      We Praise You O God.

*You may be seated*

**Lesson**

**REVELATION 21:1-6a**

This is a consolation text

“Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and there was no longer any sea. I saw the Holy City, the New Jerusalem, coming down out of heaven from God, prepared as a bride beautifully dressed for the groom. And I heard a loud voice from the throne saying, now the dwelling of God is with people, God will live with them. They will become God’s people and God will be with them and be their God. God will wipe every tear from their eyes. There will be no more death or mourning or crying or pain for the old order of things has passed away. God seated on the throne saying I am making everything new.”

**The Commemoration**

After a name is mentioned or read, a bell will be rung and a candle lit from the flame of the Christ candle.

**A Time of Remembrance**

During these moments, participants are invited to speak aloud the names of those youth dear to them who are suffering or have died due to alcoholic problems.

**Corporate Prayer**

For their witness to us and their presence, let us pray:

O Eternal God, creator of human kind, giver and preserver of all life, we remember these beloved ones who have suffered alcoholic problems with ignorance. They were our

companions; in the way they cheered us, encouraged us, and loved us. We shall miss them. For them and all those who have gone before, who encompass us as a cloud of witnesses, and make the distant heaven a home to our heart, we bless you and give you thanks, in your precious name we pray. Amen.

### **11. Closing prayer**

Let us pray:

All of us hold before you in our heart those who suffering and or wounded due to alcoholism. Minister to them according to your wisdom, grace, love and support, even as Jesus did in those days when ministering among us, that they may know of your constant presence, care and compassion. We praise you for those who attend to them at home, hospitals and other places of healing; for family members and for all who are willing help bring hope to both our youth and the community

In conclusion, this training will help the church to see alcoholism as a disease and how it affects divine/human relationships. Therefore, it will motivate the church to participate actively in the healing process of the victims and preventive measures, which will, in turn, build a healthy spirituality that will promote youth's compassion towards others and motivate more practice and action in what the youth must do to live according to God's purposes. As humans we may not bring about the immediate change through this movement, but by God's grace and the power of the Holy Spirit, through teaching and hope, this way of thought can bring about change in the years to come.

### Meeting /Workshop with Nigerian Pastors

In order to make the workshop more fruitful and focus, I decided to design a few questions relevant to the curriculum design. The workshop was held on the October 15,

2007, by 1-5 p.m. Seven pastors who are living in the United States of America attended the workshop. The designed curriculum and questions were sent to them prior to the workshop. Below are the questions and what follows are responses from each of them.

Questions for the Nigerian Ministers

1. Assess and examine the goals and objectives and activities of the curriculum:
  - a) How relevant, useful or practical is the curriculum for ministers, youth and youth leaders in Nigeria.
  - b) What areas need to be strengthened, modified or removed?
2. Assess the destructive effect of alcoholism on the lives of youth, families and communities in the Nigeria.
  - a) How often do you teach and or preach about alcoholism, and how effective is the preaching or teaching to youth and the community?
  - b) How can your experience/practices/models, (if any) be used to make this project more meaningful to the Nigerian youth?
  - b) What other suggestions or recommendations would you make?

Responses

From the responses, in the Appendix, there is clear agreement that alcoholism is a problem and disease that has impacted many lives in Nigerian. Also, The church being a place where the Christian communities look up to, has not paid attention to the illness other than condemning those involved. The time has come for the church to be aware of the enemy behind the death of many young people in the community, and provide a remedy by educating the entire community about this enemy, alcoholism. This can start with the pastors.

These pastors suggested looking at this project as a vision beyond the Zing community and the church only. I do agree with this suggestion but for the sake of this work, it has to start from this very community so as to make the project function properly. They also lifted up the need for networking with community leaders and other ecumenical groups. In addition, they suggested that the curriculum should be more specific. The curriculum will be for pastors and youth leaders, which they in turn, will teach youth and their families.

The most important of all is their acceptance of starting a supportive group like the AA and the Al-Anon as this will help enhance effective recovery for both the alcoholics and their families. Both of these supportive groups have a Christian, biblical foundation, which I believe will be very acceptable, and can be contextualized.

These important ideas lead to the summary/conclusion of the project in the next chapter.

## Chapter 6

### Summary and Conclusion

The lack of information and knowledge about alcoholism and its destructive effects on individuals has led to the death of many young leaders in the Zing community. As the prophet Hosea says, "My people are destroyed for lack of knowledge." Hosea 4:6a (American Standard Version)

Education is power and life; it is the power that enables people to achieve the goals that bring success. This success, when achieved, brings opportunity that enables individuals to make important choices that lead to a healthy and better life. Education helps individuals realize the potential of their capabilities and aims for higher standards of achievement. Protecting young people and keeping them safe from the harm of alcoholism is the goal of this reality-based alcohol education program. The aim is to provide accurate, truthful and unbiased information about alcohol and the dangers related to its consumption. Also, it is designed to help the youth to distinguish between the healthy life and a life that risks destruction because of alcohol. This awareness can only be realized through education.

There is no law or any knowledge that prohibits the sale of alcohol to youth who are under eighteen years in the Zing community as there are in other countries. Commercials portraying alcohol beverages on television and radio are promoted daily without restrictions. It is very easy for even a child to buy alcohol on the streets or in any of the bars. By their behavior, parents who are already alcoholics, often encourage children to drink and organize drinking parties. For example, three years ago, a sixteen-year-old friend of mine had to be revived after being found with alcoholic poisoning after

a wedding party. Also, another friend who had been drinking with his parents since he was eleven died in October, 2007, after being warned by doctors and friends about his drinking. This lack of social or legal boundaries has led to alcoholism among youth, which is, growing at a much faster rate in the Zing area compared to alcoholism among adults. Sadly, most of these youth are between the ages of fourteen to twenty.

Therefore, the goal of this work is to provide the needed education and awareness about the destructive effects of alcoholism among youth of Zing District. Young people are the leaders of tomorrow and without them both the church and community have no future. Alcoholism is a disease, which impacts the entire populace.

The Zing community needs to have knowledge about this deadly disease. In addition, they have to understand that only love and honesty can bring healing and transformation in the lives of these young alcoholics and their families. It is a responsibility placed on the church and the community to fight against the illness of alcoholism among youth.

The argument throughout this project is that understanding alcoholism as a disease will bring about ways to help, and bring about recovery in the lives of young people who are caught in it as well as those who are not yet caught in the destructive effect of alcoholism. From my experience of Zing people, I know that this project will be very challenging, because alcohol has been the norm for socialization, celebration, ritual, even food for the poor and the hungry and a means of income for the women who brew the alcoholic beverages. When Paul preached against man-made gods in Ephesus, Acts 21: 23-27, the silversmiths, and others who “receive a good income from this business” were very angry. Paul’s message and resultant conversions affected their business and

what they had always practiced. So they created a way to do away with Paul's message.

Like Paul, if this project meets with success, it will have an affect on the lives of many who are associated with the making and distributions of alcohol. In addition, as a woman teaching about the dangers of alcoholism, I will encounter resentment from men who are the major consumers and victims of the alcoholism. The breakthrough at the beginning will take a little time for people to understand what I am talking about. However, I know that the many case studies and testimonies from families and naming of young people who have died prematurely will help to raise their consciousness to see the need for change. Whatever the situation that may arise, I have the confidence that people with the same vision will move forward to take the responsibility of helping young people so that the lives of these innocent young people who die everyday as a result of the this terrible illness will be saved. I commit this plan to God for a beginning in recovery and prevention of alcoholism among my people.

## Appendix

### Nash Y. Pwol, Pastor, Church of Christ in Nigeria

Having read the curriculum proposal presented by the Rev. E. Musa Iliya, I'm particularly drawn to her vision of addressing an issue that has become endemic in this section of Nigeria. Alcoholism has become a destructive habit in this society, which is endowed with intelligent people committed to education and hard work.

The focus of the curriculum on the youth is important. In a society where unemployment among this demography is extremely high, it is helpful that a program such as this is implemented. Also, the involvement of the Church is a quite a prudent move. This being an institution that could well be indispensable to the success of program such as this. Except that I hope other organizations could also be part of the endeavor.

Education. An understanding of "alcoholism" is in my opinion the first step to treating this "habit" – condition. Alcohol in most African Christian communities has been taught to be a spiritual failure. Consequently, it's considered an offense to humanity, especially the religious community and a sin before God. It is believed that getting rid of such a habit could be achieved through faith and prayer. God who is offended by the behavior will surely grant the ability to overcome it. Failure to accomplish sobriety this way, is attributed to a lack of serious religious commitment.

It is my opinion that this "erroneous" concept is first corrected in the society and the Church in particular. Achieving this will help a long way down the road. Alcoholism has got to first be understood for the psychological reality for which it has been determined. By this I mean it needs to be understood as a disease that has to be treated

like any other. If the notion that alcoholism is a sin that should be eliminated through prayer remains the dominant cultural perception, a program such as this will be a hard sell. Comprehending this as a disease and a disorder that needs treatment, I believe, will elicit empathy for victims by both the society and most importantly the Church community, which is a cardinal institution in helping stem this dilemma.

As has been mentioned earlier, I think it is important that the Church be the first organization to receive this training. However, it should not be limited to the Church alone. Secular organizations that share the same values on this issue would be an additional asset, if included soon after the Church's involvement. Within the Church, the first group to approach is the leadership. Once this elite class articulates that alcoholism is a disease, probably half the battle is won. In addition, follow-up Support Group Meetings is very important. The Nigerian situation can work well with the preliminary treatment process, which could be intensely performed in a single agreed upon location. But successful treatment of alcoholism as has been exemplified by the Alcoholics Anonymous movement, is in the long-term support group meetings. Setting up of successful meeting locations within practicable distances in that situation is most important.

I hope that this program will look into making arrangements for these follow-up meetings. Consideration in arranging the meetings should include location, accessibility, acceptability, condusiveness, etc.

Dean S. Gilliland, (Ph.D.), Senior Professor of Contextual Theology and African Studies:,

Fuller Theological Seminary, Pasadena, CA.

Prof. Gililand was a United Methodist Missionary to Nigeria for 22 years.

Goals and Objectives: How relevant, useful, practical is the curriculum for ministers, youth and youth leaders in Nigeria

During my twenty-one years as a missionary in Nigeria, the drinking of alcoholic beverages and the prohibitions connected with drinking was always the greatest of problems. The importance of this project (curriculum) is grounded in two facts::

Alcoholic beverages are an inescapable part of African culture and attention to the problem by the church has been only by legalism and condemnation.

The making and consumption of beer and other home-grown spirits puts every African child at risk and opens the way for alcohol to become a way of life for young people.

This project will open up “new thinking” about alcohol that is needed since the church has known nothing but laws against drinking and judgment on those who indulge in drink.

Alcoholism is pervasive yet there is no education to expose it and no means of intervention or healing of alcoholism. This course (training workshop) is a beginning that must be initiated and only a person with knowledge, creativity and conviction can do it.

Areas that need to be strengthened, modified or improved. The overall plan is methodologically sound, balanced by general education about alcoholism, emphasis on what the Bible says and introducing the well-known approaches to treatment that are available in the West, especially the U.S.A. I feel there needs to be much more attention given to the ritualistic use of alcoholic drinking in the culture of the Zing people. (This would be true of any ethnic group in Nigeria, not just Zing). When we speak of “native beer” (*Burukutu*) we are talking about what is brewed in the homes and markets. It is

consumed in daily tasks, such as communal farming, used in community rituals that are related to almost every life-event and is sold on a daily basis in the open and without supervision. Eunice has given attention to this in her written project but the Curriculum does not reflect enough, if any, "class time" given to this very important dimension: The making and consumption of alcohol as a cultural issue. This topic is not something that is "taught" as much as it is shared and discussed. The youth and church leaders simply do not see the pitfalls that are opened up to everyone just by being a member of the community and a participant in what everyone does (and has always done).

I would suggest the curriculum make room for case studies right out of the everyday life of the villages and towns. All will connect to these cases and begin to see how the ubiquitous use of alcohol has created an overwhelming problem. The students can easily contribute to this but it should be designed into the curriculum.

Something that I have already talked at length to Eunice about is that the 12-Step Program (AA) needs to be carefully contextualized to the Zing situation. She has included mention of this on her Project paper and I would like to see some evidence that the curriculum will show that African context is being seriously considered. The main AA principles are universal if taught correctly but the ways in which these Steps would be carried out need to be totally relevant to the Nigerian situation.

A final point is to ask if the purpose is to educate pastors and church leaders only or will this curriculum be offered to the young people themselves who are troubled with drinking or who need this education, whether they are "drinkers" or not. At some point the "course" outlined here has to be given directly to those who need it most. - the alcoholic young people both inside and outside the church.

How often is alcoholism preached about and how effective?

Again, I will have to refer to my years as missionary (1955-76) and the continued contacts I have had with the pastors and leaders since then. The preaching was frequently about the sin of alcohol and discipline was meted out to those who broke the no-drinking rule. But I cannot remember any teaching such as is being presented here by Eunice and certainly alcoholism was never looked upon as a disease.

I was the Head of a Seminary in Northern Nigeria that trained pastors from seven denominations, including United Methodist. There was no course that brought this alcohol problem to the attention of the pastors or catechists in training, let alone any teaching as to the roots of the problem or any theology about it. I think I have answered any further questions by what I have already written.

The Rev. Yusuf Sholy, Pastor, Evangelical Church of West Africa, Nigeria.

How relevant, useful or practical is the curriculum for ministers, youth and youth leaders in Nigeria.

This curriculum is very relevant to the Nigerian context. In order to make it very effective, there is need to work with religious leaders so that it will be applied within the religio-socio-cultural setting of your target group. Note that alcoholism is a disease, as you have rightly pointed out. However, the religious background of our people, even among those who think that drinking alcohol is acceptable, has set a precedence to see it as evil. Therefore, you will need to bear this in mind as you begin these sessions and allow your target-group to define the problem as a starting point for you.

What areas need to be strengthened, modified, and or removed? Perhaps you may wish to draw up a discussion paper or guidelines from the videos, especially the need to contextualize the discussion. Perhaps you may wish to include community leaders and

politicians in the area due largely to their level of influence; for the politicians so they may provide funding supports, promotion and influence government policies in favor of the project. This, of course, is going to be a long-term project. Like I have already noted, involve the opinion and support of community leaders. You would also have to network with other groups that may have structures you would benefit from.

How often do you teach and or preach about alcoholism, and how effective is the preaching or teaching to youth and the community?? As a deliberate topic of teaching and or preaching, not frequently

How can your experience/practices/models, (if any) be used to make this project more meaningful to the Nigerian youth?? There is a need to use the pulpit to teach and warn youth and adult about the dangers of alcoholism while at the same avoiding the theological arguments. These would include the psychological, economic, social, relational and spiritual challenges of alcoholism on the individual, family, community, and nation at large. I would say the differences in the development of the nation with emphasis on the “backwardness” of our people in the Northern part of Nigeria compared to the Southern part should be something you could salvage as motivation.

#### Suggestions or recommendations

I will recommend that you get facts that are on the medical aspect of the destructiveness of alcoholism on human mind, soul and body. Engage well-known leaders and youth who have gone through that path and have been set free to share their struggles.

Mrs. Lami Bakari Bunga, Lecturer, Evangelical Church of West African Theological  
Seminary Jos Nigeria

This curriculum is very relevant, useful and practical to the Zing pastors, youth leaders and youth and their families.

The areas that need to be strengthened, modified or removed.

I wish to observe that the objective is not very clear. Is this curriculum for the youth themselves with alcoholic problems or for the Ministers and the Youth Leaders as facilitators with you as you work with youth with the problem? Or are both in the same group. Is the seven weeks in ---- the same as the one month three weeks? I think the practical aspects for the rehabilitee's activities are not as prominent as I think they should be. I think that if at the end of seven weeks there are no concrete steps taking into the healing by youths or concrete actions by the trainees toward the rehabilitation of the youth, I think the training would have fallen short of its expectations. For example, after education and awareness what should pastors and youth leaders be doing that would be reducing the problem? Or after youth contemplate solutions, what actions would they be involved in that would be cutting down on the problem?

I think if you treat this curriculum as a trainer's manual, it will be more focused. You may have a centre, which can act, as teachers' demonstration school but with many of your trainees operating in their various groups and your rehabilitees becoming facilitators as well.

The Rev. Bakari Bunga, Pastor, Evangelical Church of West Africa in Nigeria.

Your proposal will be one of the greatest things that can happen to Africa and Nigeria, and in particular, the Zing people.

I will like to be trained when I go back to Nigeria in this field so that I will become one of your facilitators in Nigeria.

I will suggest that this project should not be limited to Zing area only, but it should be open to the entire country. Secondly, state clearly the people you will be training to be your facilitators and the people you want to reach. If the pastors are your facilitators, then state it clearly in your goals. Thirdly, teaching should not be for the Youth alone, but anybody with the alcohol disease. The effect of such disease is not only for the youth but the society. The curriculum should be targeting the schools, also not just the Youth. Training should include school, Community leaders, and Local government leaders.

I suggest that your objective should mention all the groups you want to train in order to reach the alcoholics and if you are dealing directly with the alcoholics then state it also.

Just like you have defined peace, I suggest that you give the definition of alcohol and alcoholism before going into its problems. In addition, I suggest that you provide rehabilitation facilities for the chronic cases of alcoholics in your future objectives of the ministry relative to skill acquisitions during the rehabilitation period.

In regards to preaching on alcoholism, it is gradually fading away from our pulpits, and this curriculum is timely.

It will be very difficult for many Nigerians to view alcoholism as a disease, but you have to start somewhere and move on.

## Bibliography

- Alcoholics Anonymous. The Big Book. 4<sup>th</sup> ed. New York: Alcoholics Anonymous World Services, 2003.
- \_\_\_\_\_. Twelve Steps and Twelve Traditions. New York: Alcoholics Anonymous World Services, 2006.
- Alibrandi, Tom. Young Alcoholics. Minneapolis: CompCare Publications, 1978.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorder. 4<sup>th</sup> ed. Text rev. Washington, DC: American Psychiatric Association, 2000.
- Arterburn, Stephen, and Jim Burns. How to Talk to Your Kids about Drugs. Eugene: OR: Harvest House Publishers, 2007.
- Augsburger, David W. Pastoral Counseling across Cultures. Philadelphia: Westminster Press, 1986.
- Becker, Robert. Addicted to Misery: The Other Side of Co-Dependency. Deerfield Beach, FL: Health Communications, 1989.
- Bellwood, Lester R. Alcoholism: The Common Neurosis of Our Time. Denver, CO: Bell-Hart Publishing, 1973.
- Bennett, James C., and George D. Demos, eds. Drug Abuse and What We Can Do about It. Springfield, IL: Charles C. Thomas Publisher, 1970.
- Berry, Jan. "Liberating Worship: Pastoral Liturgy and the Empowering of Women." In Life Cycles: Women and Pastoral Care, ed. Elaine Graham and Margaret Halsey, 173. London: SPCK, 1993.
- Beschner, George M., and Alfred S. Friedman, eds. Youth Drug Abuse: Problems, Issues, and Treatment. Lexington, MA: Lexington Books, 1979.
- Black, Claudia A. It Will Never Happen to Me: Growing up with Addiction as Youngsters, Adolescents, Adults. New York: Ballantine Books, 1981.
- Bledsoe, Katrina Lynn. Effectiveness of Drug Prevention Programs Designed for Adolescents of Color: A Meta-analysis. Ph.D. diss., Claremont Graduate University, 2002. Ann Arbor, MI: UMI, 2002. 30-65492.
- Brown, Stephanie "A Developmental Model of Alcoholism and Recovery." In Treating Alcoholism, ed. Stephanie Brown and Irvin D. Yalom, 27-53. Jossey-Bass Library of Current Clinical Technique. San Francisco: Jossey-Bass Publishers, 1995.

- Cain, Arthur H. Young People and Drinking: The Use and Abuse of Beverage Alcohol. New York: John Day Company, 1963.
- Carmody, Denise Lardner, and John Tully Carmody. Catholic Spirituality and the History of Religions. New York: Paulist Press, 1991.
- Clancy, Jo. Anger and Addiction: Breaking the Relapse Cycle: A Teaching Guide for Professionals. Madison, CT: Psychosocial Press, 1996.
- Clark, Ted. The Oppression of Youth. New York: Harper & Row, Publishers, 1975.
- Clinebell, Howard J., Jr. Counseling for Spiritually Empowered Wholeness: A Hope-Centered Approach. [New ed.]. New York: Haworth Pastoral Press, 1995.
- \_\_\_\_\_. The Mental Health Ministry of the Local Church. Nashville: Abingdon Press, 1972
- \_\_\_\_\_. Some Religious Approaches to the Problem of Alcoholism. Ph. D. diss., Columbia University, 1954. Ann Arbor, MI: UMI, 1954. 8634.
- \_\_\_\_\_. Understanding and Counseling Persons with Alcohol, Drug, and Behavioral Addictions. Rev. and enl. ed. Nashville: Abingdon Press, 1998.
- \_\_\_\_\_. Understanding and Counseling the Alcoholic through Religion and Psychology. Rev. ed. Nashville: Abingdon Press, 1968.
- Dann, Buckey, and Daniel G. Bagby. Addiction: Pastoral Responses. Nashville: Abingdon Press, 2002.
- Davis, Edward R., and Amy L. Sherman. "College Prep Ministry in Boston: Leon De Juda." [Boston]: Leon de Juda, 1999. Photocopy.
- Dong, Peter Marubitoba, et al. The History of The United Methodist Church in Nigeria. Nashville: Abingdon Press, 2000
- Earle, Clifford. Alcohol and Christian Responsibility. Cincinnati: Women's Division of The United Methodist Service Center, 1953.
- Fletcher, Anne M. Sober for Good: New Solutions for Drinking Problems: Advice from Those Who Have Succeeded. New York: Houghton Mifflin, 2001.
- Friel, John, and Linda Friel. Adult Children: The Secrets of Dysfunctional Families. Beach, FL: Health Communications, 1988.

Fuad, Margaret A. Alcohol and the Church: Developing an Effective Ministry.  
Pasadena, CA: Hope Publishing House, 1992.

Fukuyaman, Mary A., and Todd D. Sevig. Integrating Spirituality into Multicultural Counseling. Thousand Oaks, CA: Sage Publications, 1999.

Garland, C. Jean. AIDS IS Real and It's In Our Church: Information about AIDS in Nigeria, How to Prevent HIV Infection, and Encouragement towards a Christian Response to the AIDS Epidemic. Bukuru, Plateau State, Nigeria: African Christian Textbooks, 2003.

Gerkin, Charles V. An Introduction to Pastoral Care. Nashville: Abingdon Press, 1997.

Gravitz, Herbert L., and Julie D. Bowden. Recovery: A Guide for Adult Children of Alcoholics. New York: Simon and Schuster, 1985.

Hales, Dianne, and Robert E. Hales. Caring for the Mind: The Comprehensive Guide to Mental Health. New York: Bantam Books, 1995.

Hartman, Louis F., and A. Drubbel. "Wine." In Encyclopedic Dictionary of the Bible: A Translation and Adaptation of A. van den Born's Bijbel Woordenboek. 2<sup>nd</sup> rev. ed., 1954-1957, by Louis F. Hartman, 2579-82. New York: McGraw-Hill Book Company, 1963.

Hastings, James, ed. Dictionary of the Bible, Complete in One Volume. New York: Charles Scribner's Sons, 1920.

Hirsh, Joseph. Alcohol Education: A Guide-Book for Teachers. New York: Henry Schuman, 1952.

Hough, Joseph C., and John Cobb. Christian Identity and Theological Education. Chico, CA: Scholars Press, 1985.

Jay, Jeff, and Debra Jay. Love First: A New Approach to Intervention for Alcoholism and Drug Addiction. Center City, MN: Hazelden Information and Educational Services, 2000.

Johnson, Vernon E. I'll Quit Tomorrow: A Practical Guide to Alcoholism Treatment. Rev. ed. New York: Harper & Row, Publishers, 1990.

Keller, John E. Ministering to Alcoholics. Minneapolis: Augsburg Publishing House, 1966.

Kornfeld, Margret Zipse. Cultivating Wholeness: A Guide to Care and Counseling in Faith Communities. New York: Continuum International Publishing, 1998.

Kramer, J. F., and D. C. Cameron, eds. A Manual on Drug Dependence. Geneva: World Health Organization, 1975.

Lartey, Emmanuel Y. Pastoral Theology in an Intercultural World. Cleveland: Pilgrim Press, 2006.

Law, Eric H. F. The Wolf Shall Dwell with the Lamb: A Spirituality for Leadership in a Multicultural Community. St. Louis: Chalice Press, 1993.

Lester, Andrew D. The Angry Christian: A Theology for Care and Counseling. Louisville: Westminster John Knox Press, 2003.

Maddox, George L., and Bevode C. McCall. Drinking among Teen-Agers: A Sociological Interpretation of Alcohol Use by High-School Students. New Brunswick, NJ: Publications Division, Rutgers Center of Alcohol Studies. Distributed by College and University Press, New Haven, CT, 1964.

May, Gerald G. Addiction and Grace: Love and Spirituality in the Healing of Addiction. New York: Harper and Row, 1988.

McCarthy, Raymond, ed. Alcohol Education for Classroom and Community: A Source Book for Educators. New York: McGraw-Hill Book Company, 1964.

Moore, Johnna L. Group Interaction as a Treatment Modality for Adolescents Involved in the Use of Drugs. Ph.D. diss., Claremont Graduate University, 1978. Ann Arbor, MI: UMI, 1978. 78-14845.

Morgan, Oliver J., and Merle R. Jordan, eds. Addiction and Spirituality: A Multidisciplinary Approach. St. Louis: Chalice Press, 1999.

Nelson, James B. Thirst: God and the Alcoholic Experience. Louisville: Westminster John Knox Press, 2004.

Niebuhr, H. Richard. The Purpose of the Church and Its Ministry: Reflections on the Aims of Theological Education. New York: Harper & Row, Publisher, 1956.

Nigeria. Federal Ministry of Health. Department of Public Health, National AIDS/STDs Control Programme. "Technical Report 2003, National HIV Sero-prevalence Sentinel Survey," April 2004 [online article]; accessed 4 Oct. 2007; available from <http://www.nigeria-aids.org/pdf/2003SentinelSurvey.pdf>

Nigeria. National Institute on Alcohol Abuse and Alcoholism. "Alcohol Alert," No. 57, Sept. 2002; accessed 28 Sept. 2007; available from <http://pubs.niaaa.nih.gov/publications/aa57.htm>

Nigeria. Taraba State. Nigeria Family Health International. "Rapid Assessment Report in Selected Local Government Areas," accessed 4 Oct. 2007; available from <http://www.fhi.org/NR/TarabaRapidAssessmNigerial.pdf>

---

. "Nigeria: Report of Rapid Assessment in Selected LGAs" [article online]; accessed 20 Sept. 2007; available from <http://www.fhi.org/NR/rdonlyres/e7nch3cbhfxkqnq63wp4fqzt4gs3>.

Okediran, Mutiu. "the State of The Nigerian Child (Part One)," 13 Sept. 2005 [article online]; accessed 6 Jun. 2007; available from <http://ar.takingitglobal.org/express/panorama/article.html>.

Orcutt, James D., and David R. Ruby, eds. Drugs, Alcohol, and Social Problems. New York: Rowman & Littlefield Publishers, 2003.

Palmer, Parker J. The Courage to Teach: Exploring the Inner Landscape of a Teacher's Life. San Francisco: Jossey- Bass, 1998.

Patton, John. Pastoral Care: An Essential Guide. Nashville: Abingdon Press, 2005.

---

. Pastoral Care in Context: An Introduction to Pastoral Care. Louisville: Westminster/John Knox Press, 1993.

Ramsay, Nancy J., ed. Pastoral Care and Counseling: Redefining the Paradigms. Nashville: Abingdon Press, 2004.

Ray, Oakley, and Charles Ksir. Drugs, Society, and Human Behavior. St. Louis: Times Mirror/Mosby College Publishing, 1990.

Robinson, Bryan E. Working with Children of Alcoholics: The Practitioner's Handbook. New York: Lexington Books, 1989.

Ross, J. F. "Wine." In The Interpreters Dictionary of the Bible. Vol. 4. New York: Abingdon Press, 1962.

Schaefer, Dick. Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs. Minneapolis: Johnson Institute Books, 1987. Reprint, Center City, MN: Hazelden, 1998.

Shipp, Thomas J. Helping the Alcoholic and His Family. Englewood Cliffs, NJ: Prentice-Hall, 1963.

Smart, Ninian. The Religious Experience. 5<sup>th</sup> ed. Upper Saddle River, NJ: Prentice-Hall, 1996.

Stephens, Richard C. Mind-Altering Drugs: Use, Abuse, and Treatment. Newbury Park, CA: Sage Publications, 1987.

Stringer, Ernest T. Action Research. 2<sup>nd</sup> ed. Thousand Oaks, CA: Sage Publications, 1999.

Walker, Alan. How Jesus Helped People. New York: Abingdon Press, 1964

Walsh, Roger. Essential Spirituality: The Seven Central Practices to Awaken Heart and Mind. New York: John Wiley and Sons, 1999.

Way, Peggy. Created by God: Pastoral Care for All God's People. St. Louis, MO: Chalice Press, 2005.

Wegscheider-Cruse, Sharon. Another Chance: Hope and Health for the Alcoholic Family. 2<sup>nd</sup> ed. Palo Alto, CA: Science and Behavior Books, 1989.

---

Choice-Making: For Co-dependents, Adult Children and Spiritual Seekers. Pompano Beach, FL: Health Communications, 1987.

Whitefield, Charles L. Alcoholism, Attachments and Spirituality: A Transpersonal Approach. East Rutherford, NJ: Distributed for the author by Thomas W. Perrin, 1985.

Wink, Walter. The Powers That Be: Theology for a New Millennium. New York: Doubleday, 1998.

Woodruff, C. Roy. Alcoholism and Christian Experience. Philadelphia: Westminster Press, 1968.

World Health Organization. African Region, Nigeria Department of Mental Health and Substance Abuse. "Global Status Report, Geneva 2004; accessed 25 Nov. 2007; available from [http://www.who.int/substance\\_abuse/publications/en/nigeria.pdf](http://www.who.int/substance_abuse/publications/en/nigeria.pdf).